



Participant Profile

Active Light Photography Photo Tours

Participant name: _____

Tour: _____ Tour Date: __/__/__

Date of birth: __/__/__

Address: _____

City: _____ State: _____ Zip: _____

Home phone: (____) _____ Mobile phone: (____) _____

Email: _____@_____

Current medical condition(s): _____

Physician name: _____ Physician phone: (____) _____

Passport Information

(Passport required only for tours outside the U.S., or for travelers originating outside the U.S. Otherwise IGNORE.)

Place of birth: _____ Issuing authority: _____

Name on passport: _____ Date of issue: __/__/__

Passport # / Nationality _____ Expiration: __/__/__

In process of procuring / renewing passport Applied for visa?

Emergency contact information

Contact name: _____ Relationship to Participant: _____

Contact address: _____

City: _____ State: _____ Zip: _____

Contact home phone: (____) _____ Contact mobile phone: (____) _____

Contact email: _____@_____

Photography and hiking experience

(Be honest - we were all beginners once!)

Photography years of experience: _____ Experience level (circle): Beginner, advanced amateur, professional

Favorite subjects: _____

Camera type(s): _____

Longest ever hike length (approx. miles) _____ Longest ever hike location: _____