

**Olympic Mountain School
PARTICIPANT REGISTRATION**

Today's Date: _____ Type of Program: _____

Program Date(s): _____

Participant Last Name: _____ First

Name: _____ MI: _____

Age: _____ Birthdate: _____

Mailing Address:

City: _____ State: _____

Country: _____

Zip/Postal Code: _____

Email: _____ Phone: _____

Group Name: _____

Local Address (hotel, campground, etc., if applicable):

Local Phone or cell phone number:

Additional Family Members: Age Birthdate Address

Is there anything that you can tell us that will enable your guide to serve you better? (ie. personal interests, dominant learning styles, prior experience, fears, etc.)

How did you find out about Olympic Mountain School?

Walk-in _____ Brochure(where) _____ Ad (where) _____

Referral (who) _____ Website _____

Previous OMS client? ? No Yes

Would you like to receive information on?

Rock Climbing Trips

Women's programs Private Guiding

Wilderness Medicine Guide Training

Other (please list)

Office Use-----

Information Request: _____ Reservation: _____ Follow-up: _____ In DBase: _____

Comments: