

Colorado River & Trail Expeditions

P.O. Box 57575 • Salt Lake City, Utah 84157-0575 • 800-253-7328 or 801-261-1789 • Fax 801-268-1193 • crate@crateinc.com

2021 Reservation Form

Name _____ Nu mber in Party _____

Name of Trip _____ No . Days _____ Start & End Dates _____

Grand Canyon Restrictions: Rafting the Colorado River through the Grand Canyon is limited to one private or commercial trip per-person each year. We are required to submit the full legal name, address, and date of birth for all Grand Canyon customers to the National Park Service for their review. This information will be used only to enforce their "no repeat" policy. If you have any questions or concerns regarding this policy, please contact our office before reserving a Grand Canyon trip.

Deposit Information

Please enclose one-third (1/3) of the total amount due or \$300.00 per-person, whichever is less. Half of your deposit is refundable up to 120 days prior to departure. Final payment on your account is due 90 days before departure and is non-refundable. There are no exceptions to this policy. We will send you cancellation insurance information when we confirm your reservation.

Deposit Amount \$ _____ Check Enclosed Charge to VISA/MasterCard

VISA/MasterCard Number _____ Ex piration _____ Billing Zip Code _____

Card Holder Printed Name _____ Sig nature _____

PLEASE NOTE: Colorado River & Trail Expeditions, Inc. reserves the right to cancel, delay, or reschedule any expedition due to weather or river conditions or lack of sufficient reservations. In the event of cancellation or rescheduling by us, deposits and payments will be totally refunded or applied to another trip according to your wishes.

Discounts and Price Adjustments

10% Group Discount Rates are offered on all river trips . The Group Discount requires a minimum of 12 people in your party. A special Youth Rate is available on the Desolation Canyon expedition for children ages 8-18 who are accompanied by a responsible adult. We also offer a 2% cash discount for final payments made by check rather than credit card. National Park Entrance Fees will be waived for immediate family members (up to 4 people maximum) if you have a current National Parks Pass. *You must provide us with a photocopy of your pass for our files.* Please enter your park pass number and expiration date here: _____

Participant Information

Please provide the following information for each person in your party. Fully explain any health issues, diet requests, allergies, or other conditions of which we should be aware, including proper emergency treatment and associated medication, if any. Attach a separate sheet if necessary.

Full Legal Name _____ A ge _____ Date of Birth _____ Height/Weight _____
First Middle Last

Street Address, City, State, Zip Code _____

Day Telephone (Area Code) _____ Em ail _____

Diet and/or Health Notes _____

In Emergency Notify (Name and Telephone _____

Full Legal Name _____ A ge _____ Date of Birth _____ Height/Weight _____
First Middle Last

Street Address, City, State, Zip Code _____

Day Telephone (Area Code) _____ Em ail _____

Diet and/or Health Notes _____

In Emergency Notify (Name and Telephone _____

Full Legal Name _____ A ge _____ Date of Birth _____ Height/Weight _____
First Middle Last

Street Address, City, State, Zip Code _____

Day Telephone (Area Code) _____ Em ail _____

Diet and/or Health Notes _____

In Emergency Notify (Name and Telephone _____

EACH PARTICIPANT MUST READ AND SIGN THE "VISITOR'S ACKNOWLEDGMENT OF RISK"
ON THE BACK OF THIS FORM. THANK YOU.