



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

2023 Reservation Form

Name _____ Number 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 a deposit of \$300.00 per-person. 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

Please call us with your credit card number for the deposit once you have returned this form. You may also mail a check with the completed reservation form.

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

A 10% discount is offered to repeat customers and groups of 12 or more. A special Youth Rate is available on the Desolation Canyon expedition for children ages 8-18 who are accompanied by an 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.**

Participant Information

Please provide the following information for each person in your party. Fully explain any health issues, diet restrictions, allergies, or other conditions which we should be aware of, including proper emergency treatment and associated medication, if any. Attach a separate sheet if necessary. **Please note that we may not be able to accommodate dietary restrictions/requests. Refer to our Trip Planning Information for details about our meals. Please call our office with any questions or concerns prior to signing up for a trip.**

Full Legal Name _____ First Middle Last	Age _____	Date of Birth _____	Height _____	Weight _____
Address _____		City _____	State _____	Zip _____
Day Telephone _____	Email _____	Are you fully vaccinated for COVID-19 <input type="checkbox"/> Yes <input type="checkbox"/> No		
Emergency Contact (name, email and telephone number) _____				
Health Notes/Issues _____				
Allergies (include severity and if you carry an Epi Pen) _____				
Dietary Restrictions (we may not be able to accommodate restrictions or requests) _____				

Full Legal Name _____ First Middle Last	Age _____	Date of Birth _____	Height _____	Weight _____
Address _____		City _____	State _____	Zip _____
Day Telephone _____	Email _____	Are you fully vaccinated for COVID-19 <input type="checkbox"/> Yes <input type="checkbox"/> No		
Emergency Contact (name, email and telephone number) _____				
Health Notes/Issues _____				
Allergies (include severity and if you carry an Epi Pen) _____				
Dietary Restrictions (we may not be able to accommodate restrictions or requests) _____				

EACH PARTICIPANT MUST READ AND SIGN THE “VISITOR’S ACKNOWLEDGMENT OF RISK” ON THE BACK OF THIS FORM.