



**Mike Odin's Alaska Adventures, LLC**

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## Guest Information Form

We are excited that you are coming! We are naturally concerned about the welfare of our guests and would appreciate if you would provide the following information to help us better prepare for your Alaska adventure. **Please return this form by mail or scan and email it to us at your earliest convenience.**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_ Height: \_\_\_ ft. \_\_\_ in. Weight \_\_\_\_\_ lbs. Sex: \_\_\_ M / F

In case of emergency please notify: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

1. Have you been hospitalized in the past year? \_\_\_\_\_ If YES, describe: \_\_\_\_\_

2. Have you been treated recently for any illness? \_\_\_\_\_ If YES, describe: \_\_\_\_\_

3. Are you currently taking any prescription medication? \_\_\_\_\_ Y / N. Please list: \_\_\_\_\_

4. Are you diabetic? \_\_\_\_\_, Type I or II \_\_\_\_\_ Are you being treated for high blood pressure? \_\_\_\_\_

5. Do you require any special diet or foods? \_\_\_\_\_ If YES, describe: \_\_\_\_\_

6. Please list any known allergies: \_\_\_\_\_

7. Describe your physical condition: ( ) Excellent ( ) Good ( ) Fair ( ) Poor

8. Do you smoke cigarettes? \_\_\_\_\_ Do you exercise regularly? \_\_\_\_\_

Date \_\_\_\_\_ Signature: \_\_\_\_\_

(Complete one form per guest.)