

WEST COAST RESORTS

GUEST INFORMATION FORM

Unit # 2 - 7100 River Road, Richmond, BC V6X 1X5
PHONE # (800) 810 - 8933 FAX # (604) 278 - 3120
Please mail or fax completed form

TRP # _____ DATE: _____ LODGE _____ INV # _____

GROUP LEADER:

PREFIX	DR.:		MR.		MRS.:		MS.:		
--------	------	--	-----	--	-------	--	------	--	--

NAME: _____ (as it appears on ID) Name you prefer (nickname, etc.): _____

ADD: _____

CITY: _____ ST/PRV: _____ PC/ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

FAX # _____ E-MAIL: _____

EMERGENCY NAME & CONTACT PHONE #: _____

HAVE YOU EVER BEEN FISHING BEFORE? WHERE? _____

IS THIS YOUR FIRST VISIT TO WEST COAST RESORTS? YES: _____ NO: _____

HEALTH ISSUES? PLEASE DESCRIBE: _____

ALLERGIES? PLEASE DESCRIBE: _____

BACK PROBLEMS? PLEASE DESCRIBE. _____

ARE THERE ANY SPECIAL OCCASIONS WE CAN HELP YOU CELEBRATE? PLEASE DESCRIBE BELOW: _____

FISHING LICENSE INFORMATION:

A BC SALTWATER FISHING LICENSE IS REQUIRED FOR ALL ANGLERS ON THE WATER. PLEASE

INDICATE WHAT LICENSE YOU WILL NEED THIS SEASON:

5 DAY ANNUAL HAVE OWN

PLEASE PROVIDE YOUR COMPLETE BIRTHDAY: (MTH/DY/YR): _____

RAINGEAR:

SML: MED: LRG: XL: XXL: XXXL:

BOOT SIZE: _____

YOUR WEIGHT IN LBS (MANDATORY): _____ LBS

YOUR ROOMMATE ON THIS TRIP IS: _____