

RAT General information form – Complete and fax to (256) 570-0175

Name: _____

Address: (no P.O. Boxes) _____

Phone #: _____

Birthday (year, month, day): _____ **Height:** _____ **Weight:** _____

Marital status: _____ **Sex:** _____

Emergency contact person: _____

Phone #: _____ **Relationship:** _____

Blood Type: _____

Passport #: _____ **Country:** _____

Occupation: _____

Education: _____ **Military service:** _____

Spoken Languages: _____

Have you traveled internationally before: _____

Countries traveled: _____

Allergies (drugs, bees, insects, food): _____

Medical conditions (including diagnosed mental disorders): _____

Handicaps or other limitations: _____

Any prior outdoor/camping experience (explain):
