



# CLIENT INFORMATION FORM

**EACH CLIMBER MUST COMPLETE A SEPARATE CLIENT INFORMATION FORM AND LIABILITY WAIVER**

CLIENT INFORMATION		
Client Name:		
Address:		
City:	State/Country:	Zip Code:
Home Phone:	Cell Phone:	
E-mail:	Date of Birth:	Year:
	Day:      Month:	
Passport Number:	Place of Issue:	
Place of Birth:	Expiration Date:	Year:
	Day:      Month:	

EMERGENCY CONTACT	
Name:	
Home Phone:	Cell Phone:
Dietary Restrictions:	
Other Important Information we should know about you:	