



**TODOS SANTOS ECO ADVENTURES
GUEST QUESTIONNAIRE: PLEASE COMPLETE & RETURN**

Full Name: _____

Age: _____ Gender: _____ Height: _____ Weight: _____

Baja flight **arrival** information: ___ La Paz ___ San Jose del Cabo

- Date: _____ Time: _____
- Airline: _____ Flight Number: _____

Baja flight **departure** information: ___ La Paz ___ San Jose del Cabo

- Date: _____ Time: _____
- Airline: _____ Flight Number: _____

Dietary restrictions:

- _ None
- _ Some (list): _____

Health conditions that we should be aware of in an emergency or that might have an impact on your ability to participate in the adventures:

Medication you are taking that we should be aware of in an emergency: _____

Emergency Contact:

- Name: _____ Relationship: _____

- Home Tel: _____ Cell: _____