

The Alpine Club of Canada General Mountaineering Camp Application Form

Please complete and return this form to the ACC National Office. Please note that we must receive this application along with your signed Registration Confirmation Contract and Waiver of Liability within 14 days of your initial inquiry in order to be added to the registration list. Unless we receive this application, we cannot guarantee that your food and medical requirements will be met. **If submitting electronically, please complete your details in blue or red font.** If submitting by regular post, **please print.**

DATE OF APPLICATION: _____

GMC WEEK(s) - please specify week # (I/II/III/IV/V/VI) and dates: _____

Personal Information

ACC MEMBERSHIP NO.

NAME:

ADDRESS:

CITY:

PROV/STATE:

POSTAL CODE/ZIP:

PHONE: (HOME):
(BUSINESS):
(FAX):
(CELL PHONE MORNING OF CAMP)

E-MAIL ADDRESS:

AGE:

DATE OF BIRTH:

OCCUPATION:

Emergency Contact Information

NAME:

RELATIONSHIP:

ADDRESS:

PHONE: (HOME):
(BUSINESS):

E-MAIL ADDRESS:

Experience

Number of Years Hiking:

Climbing:

Briefly describe your hiking/climbing experience. (Please include areas visited, and previous ACC camps, etc.):

Hotel

Where will you be staying the night prior to the start of the camp?

(Name of accommodation facility):

Please provide a phone number (include area code) where we can reach you on the Saturday morning your week flies into camp in case of last-minute changes (i.e., hotel phone number, cell phone number):

Transportation

It is your responsibility to get yourself to the meeting place on the first Saturday morning of your week. A participant list for the week(s) you will be attending will be sent to you with your receipt for your final payment, and we encourage you to use this list to contact other participants to organize carpooling. We strongly advise that you do this early, as it is often difficult to organize rides at the last minute.

Do you require transportation from the meeting place to the starting point of the trip?
Yes / No

If no, whom will you be travelling with?

Do you have room for extra passengers in your vehicle for travel to the meeting location? Yes / No

How many passengers?

Medical Information (*Important!*)

- 1) Are you allergic to any foods? Yes / No
- 2) Are you allergic to any medications? Yes / No
- 3) Do you have any other allergies, intolerances or medical conditions that we should know about? Yes/No

If you answered yes to any of the above, please list details on a separate sheet of paper.

Food

Please list any food preferences that you have (e.g. Vegetarian)

If you have any questions please contact the camp manager or the ACC office.

Please return this application at the same time as your registration contract to:

The Alpine Club of Canada by email at adventures@AlpineClubofCanada.ca or by regular mail to:

The Alpine Club of Canada
ATTN: Mountain Adventures Coordinator
P.O. Box 8040, Canmore, AB. T1W 2T8

Forms may also be faxed to: (403) 678-3224

**** Due to the popularity of the GMC, only complete applications will be accepted and they will be processed in the order they are received****