

**** Please complete & return form upon receipt ****



QUEEN CHARLOTTE LODGE

Email: info@queencharlottelodge.com

Fax: 604.899.2164 or 866.688.8950 (toll free)

Pre-Trip Questionnaire

GROUP NAME _____ **TRIP DATE** _____

Contact Info

First Name _____ Last Name _____

Address _____

City _____ State/Prov _____ Zip/Postal _____

Bus. Phone _____ Home Phone _____

Email _____ # of previous visits _____

Fishing Outerwear

Floation Suit: (circle one) S M L XL XXL XXXL
(chest size) 34-38" 38-42" 42-46" 46-50" 50-54" 54-58"

Boot Size Men's: _____ Ladies: _____

Children Weight: _____ Height: _____ Boot Size: _____

Fishing License

DO YOU NEED A FISHING LICENSE? (circle one) yes no

If no, please note fishing license #: _____

If yes, please note birth date: _____ (circle one) annual 5 day

Driver's license #: _____ (* required for fishing license identification)

During Your Trip

Do you have any allergies or medical conditions we should be aware of? _____

Are you celebrating a special occasion during your trip? _____

WHO will share your room? (max 3 per room) _____

Would you like us to contact you about booking a fishing guide? (if not already booked) yes no

Emergency Contact

Name: _____ Main Phone: _____ Alt. Phone: _____

IMPORTANT: A credit card **MUST** be on file prior to your arrival at the Lodge for on-site charges. You may choose to apply payment using an alternate method upon checkout.

Credit Card #: _____ **AMEX or VISA or M/C**

Name on Card: _____ Expiry: _____

I would like to support salmon enhancement programs organized by the *Queen Charlotte Islands Salmon Unlimited Society*. Please add a donation to my invoice in the amount of: \$25.00 \$50.00 \$100.00 \$ _____