



Individual Trip Application Form

Name of Participant: _____ Today's Date: _____

Address: _____

Phone: _____ E-Mail: _____

Parent/Guardian/Care Provider (if applicable): _____

Have you been on a SPLORE trip before? **Y** **N** Trip Date and Activity: _____

Describe participant's diagnosis/disability: _____

- Does participant have cognitive deficits? **Y** **N** Describe: _____
- Does participant use a wheelchair? **Y** **N** Special concerns: _____
- Is participant currently in treatment? **Y** **N** (please circle) psycho-social/behavioral, mental illness, substance dependency, other: _____

Please indicate which program(s) you are interested in:

- Canoeing
- Climbing
- Rafting
- Nordic Skiing
- Snowshoeing
- Other: _____

Desired Trip Length:

- Day Program
- Overnight
- Multi-Day

Do you have a specific trip in mind: _____

What are your goals for a program? _____

Scholarship Information:

What is your household size? _____

What is your household income? _____

Please describe any special circumstances for your need of scholarship assistance here:

PLEASE MAIL BACK TO SPLORE: 880 E. 3375 S., Salt Lake City, UT 84106

Or FAX: 484-4177