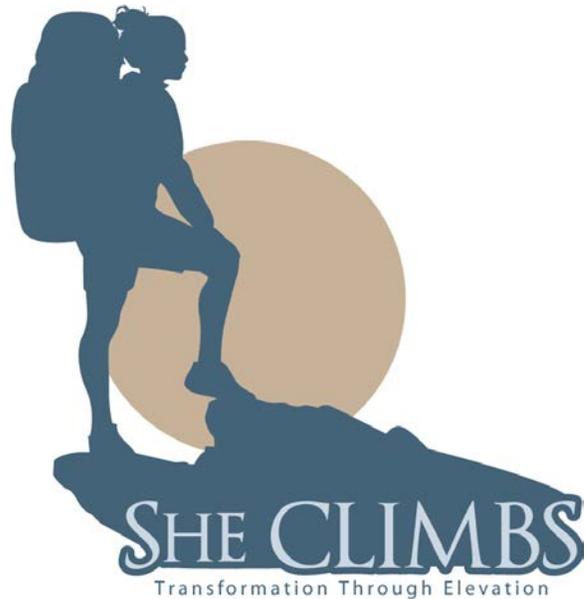


Application: She CLIMBS Kilimanjaro Trek Experience



Contact Information

Applicant's Name	
Street Address	
City ST ZIP Code	
Preferred Phone	
Email Address	
Date of Birth	

Core Curriculum Meet and Greet

She CLIMBS's Core Curriculum is an integral part of our Program. It will directly shape the value of your She CLIMBS experience. She CLIMBS' Core Curriculum director would like to conduct a call with you prior to our Trek. During which hours are you available for your Core Curriculum call?

- Weekday mornings Weekend mornings
 Weekday afternoons Weekend afternoons
 Weekday evenings Weekend evenings

Why She CLIMBS?

Summarize why you have chosen to join She CLIMBS on our Kilimanjaro Trek Experience and what your expectations are for this journey. Specifically, please explore and define for us what She CLIMBS's motto "Transformation Through Elevation" means to you.

Previous hiking/high altitude experience (not required)

Summarize your previous hiking/high altitude experience. If none, describe your regular fitness activities.

Medical Considerations

Summarize any medical considerations and all medications that you currently take and will need to have with you on the trek/climb. Please list physicians involved, their contact information and any and all information needed to ensure your medical needs are taken care of while on your trek/climb.

Tell us who you Really, Really are...

Please use the space below to brag about yourself, really, really brag---what are you most proud of? How would your best friend describe you? What do you like the most about yourself? Please attach your favorite picture of yourself---a picture that reminds you of your best you!

Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Preferred Phone	
E-Mail Address	
Relationship to Climber	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a She CLIMBS climber, I agree to hold harmless She CLIMBS and all She CLIMBS employees, volunteers or affiliates.

She CLIMBS Applicant Name	
Initials here/Signature (18 or older, initials or electronic signature accepted as legal signature)	
Date	
(Sign below if for a minor)	
Parent/Legal Guardian Signature (Initials or electronic signature accepted as legal signature)	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in She CLIMBS.