

RMI REGISTRATION FORM

Program Name _____ Program Date _____

Name _____ Date of Birth _____

Address _____

Best Phone Number _____ Email Address _____

Please list the following:

Your previous climbing experience:

All previous mountaineering training (crevasse rescue, cramponing, snow anchors, belaying, self-arrest, roped glacier travel, rock climbing, ice climbing, etc.):

Your current and proposed physical fitness conditioning program:

Send this form by fax (360) 569-2982 or to info@rmiguide.com.