



NIMMO BAY

HELICOPTER ADVENTURES

Guest Information

Group Name: _____

☛ Necessary Personal Information for Each Group Member

Full Name: _____ Gender: _____

Title: _____ Company Name: _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Fax: _____ Email: _____

Date of Birth: _____ Foot Size: _____

Height: _____ Weight: _____

Fishing Preference: Fly or Spin Reeling Hand: Left or Right

Special Beverages: _____ Special Dietary Requirements: _____

Allergies: _____ Any Health Issues: _____

Special Events: _____

Emergency Contact Name and Number: _____

EITHER EMAIL FORMS TO heli@nimmobay.com or FAX to 1 (250) 956 2000
