

DISCOVERY QUESTIONNAIRE FOR TRIP LEADERS

Please complete this Questionnaire and call us at 970-925-5775 to discuss hut locations and availability. A discount may be approved for non-profit groups booking full huts during mid-week (Monday – Thursday). Fax form to 970-925-5317, mail to 1280 Ute Ave., Ste. 21, Aspen CO 81611 or email to huts@huts.org.

Name of Organization: _____

NFP#: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Name of Trip Leader: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Please answer the following questions carefully.

About The Trip

1. What are the primary goals of your trip?

2. What will be your itinerary and what topics/subjects will you be emphasizing? (See Ideas for Education section).

3. Given the demands of backcountry travel and lack of creature comforts (electricity, running water, food service, etc.), are the huts the appropriate location for your group?

4. What is the primary mode of transportation for your trip?

- _____ Skis
- _____ Snowshoes
- _____ Hiking
- _____ Mountain Biking
- _____ Other (describe)

5. What specific huts are you interested in booking?

About The Leader(s)

1. Using the provided grid, please rate each leader's backcountry skills: inexperienced, moderately experienced, experienced, or expert.

Name of Leader	Map, Compass, & Altimeter	Avalanche Awareness	Survival & Rescue

2. For each leader, please list: formal backcountry training (College Courses, AMGA Certification, American Avalanche Institute, NOLS, Outward Bound) including course title and year completed; medical training; leadership experience; and applicable personal experience.

1. Name of Leader: _____ **Age:** _____

Formal Training: _____

Medical Training: _____

Leadership Experience: _____

Personal Experience: _____

2. Name of Leader: _____ **Age:** _____

Formal Training: _____

Medical Training: _____

Leadership Experience: _____

Personal Experience: _____

3. Name of Leader:

Age:

Formal Training:

Medical Training:

Leadership Experience:

Personal Experience:

About The Participants

1. How many participants will there be on this trip? Total _____
of Male _____
of Female _____

2. What is the age range of your participants? Youngest _____
Oldest _____
Average _____

3. Please rate the group's overall fitness level: Below average _____
Average _____
Highly energetic _____

4. Please rate the group's overall skiing ability: Beginner _____
Intermediate _____
Advanced _____

5. Do members of your group have special needs or ADA requirements? If yes, please describe.

6. List any additional comments, questions or requests below: