Overnight Camping Questionnaire

Please Fill out the following questionnaire to help us to customize a trip that meets your expectations!

Return to us via email. Or snail mail at 11 Mayo St. Orono, Me 04473

1. Describe your paddling experience?
_____Flat water _____calm bays ____ocean waves/wind

_____

2. Rate your skill level
_____Beginner _____intermediate _____advanced

3. Are you proficient in

_____Basic paddle Strokes _____self rescue _____rolling

4. What physical exercise you do on a regular basis.

5. Describe your camping experiences?
____Camper _____tenting in parks _____Wilderness camping

Please describe_____

6. Does anyone in your group have any medical conditions?

7. Ages of participants

8. What are your goals for the trip?