

Discovery Questionnaire for Trip Leaders

After 10th Mountain receives this completed Questionnaire, one of our staff will contact the Trip Leader 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 or mail to 1280 Ute Ave., Ste. 21, Aspen CO 81611.

Name of Organization: _____ **NFP#:** _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Name of Trip Leader: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

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 enclosed Ideas for Education).

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

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? _____ # 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
Comments:

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

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

6. List any additional needs:

About 10th Mountain

Will your group request a Pre-Trip Orientation with 10th Mountain staff? _____ Yes _____ No

Will your group request a Hut Trip Orientation with 10th Mountain staff? _____ Yes _____ No