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:**

**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.

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<tr>
<th>Name of Leader</th>
<th>Map, Compass, &amp; Altimeter</th>
<th>Avalanche Awareness</th>
<th>Survival &amp; Rescue</th>
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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: