

**CHICKS WITH PICKS SIGN-UP FORM:**  
Print out and mail in with your deposit.

**Make checks payable to:**

Freelance Adventures Inc/CWP

**Mail checks and registration form to:**

Chicks with Picks  
c/o Kim Reynolds  
PO Box 486 (mail)  
546 Hyde St (Fed Ex)  
Ridgway, CO 81432

**Reservation Policy**

A non-refundable deposit for half the amount of the clinic cost is due at the time of booking. The balance is due 30 days prior to the clinic date. If you register within 30 days of the clinic, the full amount is due upon registration.

**Cancellation Policy**

30 days or more before clinic: Half of full tuition will be refunded.

Between 14 and 30 days before clinic: One quarter of full tuition will be refunded.

14 days or less before clinic: No tuition will be returned.

**Please Note:** We are sorry but no exceptions will be granted from this policy, including injury, illness or family emergencies.

*\* We highly recommend that you obtain travel insurance to recover your deposit and/or flight if you have an unexpected life occurrence and cancel.*

**Also:**

- Double Occupancy includes: hotel, meals, guided climbing, demo gear, evening workshops, T-shirt and goodie bag
- Single room includes everything above plus a single room
- No hotel includes everything listed above EXCEPT the hotel room
- The Dirt Bag package applies to The Quickie clinic ONLY – it only includes guided climbing only and nothing else

**CHICKS WITH PICKS ICE CLIMBING CLINIC SIGN-UP & QUESTIONNAIRE**

(please fill this out and send in with your deposit!)

Please read the CLINIC LEVELS page before filling out this form.

Personal Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

Phone number: (work) \_\_\_\_\_ (home) \_\_\_\_\_

(cell) \_\_\_\_\_

Email Address: \_\_\_\_\_

Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

Occupation: \_\_\_\_\_

T-shirt size: \_\_\_\_\_ Shoe size: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

PAYMENT: Checks or Money Order (for credit cards please use the online payment form at [http://www.chickswithpicks.net/signUpElectronic\\_step2.php](http://www.chickswithpicks.net/signUpElectronic_step2.php)). Our listed price is for double occupancy to keep your costs down. Single rooms are upon request, they are limited and more expensive. We recommend staying in our designated Hotel/Inn since we base all activities from there and the hotels give us the best deal in town.

*Remember, price includes everything... once you arrive.*

### **The Sampler: Beginner to advanced climbers**

**Ouray Colorado: January 14 – 17th, check out the 18th**

**PRICES:**

- \$1076 (double occupancy) = \$538 non-refundable deposit
- \$1286 (single room) = \$643 non-refundable deposit
- \$956 (no hotel) = \$478 non-refundable deposit

### **NEW! The Graduate: Intermediate to advanced climbers**

**Ouray Colorado: January 14 – 17th, check out the 18th**

**PRICES:**

- \$1376 (double occupancy) = \$688 non-refundable deposit
- \$1586 (single occupancy) = \$793 non-refundable deposit
- \$1256 (no hotel) = \$628 non-refundable deposit

### **The Complete Chicks: Beginner to advanced climbers**

**Ouray Colorado: January 25 – 29, check out the 30th**

**PRICES:**

- \$1400 (double occupancy) = \$700 non-refundable deposit
- \$1600 (single occupancy) = \$800 non-refundable deposit
- \$1250 (no hotel) = \$625 non-refundable deposit

### **The Quickie: Beginner to advanced climbers**

**Ouray Colorado: January 30 – Feb 1, check out morning of Feb 1**

**FULL PACKAGE PRICE:**

- \$690 (double occupancy) = \$345 non-refundable deposit
- \$770 (single occupancy) = \$385 non-refundable deposit
- \$610 (no hotel) = \$305 non-refundable deposit

**NEW DIRT BAG PRICE:**

- \$450 (guided climbing ONLY) = \$225 non-refundable deposit

**I would like to sign up for the following level:**

The following level choices are for all clinics. (PLEASE CHECK ONE)

\_\_\_\_\_ #1 BEGINNING ICE CLIMBING

\_\_\_\_\_ #2 INTERMEDIATE ICE CLIMBING

\_\_\_\_\_ #3 ADVANCED ICE CLIMBING

\_\_\_\_\_ #4 MIXED CLIMBING ICE CLIMBING

\_\_\_\_\_ #5 BEGINNING LEAD CLIMBING

\_\_\_\_\_ #5 LEAD CLIMBING (Resume Required)

***The following choices are for the "Complete Chicks Clinic" only***

SKILLS DAY: Write your #1, #2 and #3 choice. We need at least three participants to run a workshop, it is possible you will get your second or third choice.

\_\_\_\_\_ #1 RESCUE WORKSHOP

\_\_\_\_\_ #2 MIXED CLIMBING TECHNIQUE

\_\_\_\_\_ #3 ALPINE SKILLS AND AVALANCHE AWARENESS

\_\_\_\_\_ #4 ICE CLIMBING

**Emergency Contact Information:**

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Phone number (day) \_\_\_\_\_ (night) \_\_\_\_\_

Cell phone \_\_\_\_\_

**Insurance Information:**

**There are inherent risks involved in ice climbing. We require that you obtain health insurance prior to participating.**

Carrier \_\_\_\_\_ policy # \_\_\_\_\_

Phone number \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip code \_\_\_\_\_ Country \_\_\_\_\_

**Travel Information:**

We are not responsible for cancellation fees or costs arising from your changed or cancelled flights, lodging, or other arrangements. We recommend obtaining trip cancellation insurance from your travel agent.

Airport: \_\_\_\_\_ Arrival Time: \_\_\_\_\_ Airline: \_\_\_\_\_

Flight # \_\_\_\_\_

Departure Date: \_\_\_\_\_ Depart. Time: \_\_\_\_\_ Airline: \_\_\_\_\_ Flight # \_\_\_\_\_

**Medical Information:**

We recommend that you consult your physician regarding your participation in one of our ice climbing clinics. Please contact us if you have ANY questions regarding your ability to participate.

Do you have any medical conditions or limitations? If so, Please explain:

\_\_\_\_\_

Are you taking any medications? Please list and explain.

\_\_\_\_\_

\_\_\_\_\_

Do you have any past or present injuries? If so, explain.

\_\_\_\_\_

Are you pregnant? \_\_\_\_\_ If so, how many months? \_\_\_\_\_

Do you have any food allergies or restrictions? If so, what are they?

Are you a vegetarian? \_\_\_\_\_

**Fitness Information:**

To fully enjoy and benefit from our clinics, we recommend an average level of fitness or above. Consult with your physician if you have any concerns.

What kind of physical condition are you in? Circle one:

excellent, above average, average, fair, poor

Please list the activities in which you participate in and the frequency of each activity.

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**Other Questions:**

- 1) Please describe your previous ice climbing experience.
- 2) How many years have you ice climbed?
- 3) How many days total?
- 4) Where have you climbed?
- 5) List some climbs you've followed and their difficulty.
- 6) What difficulty ice have you led and how many? Please list climbs and the difficulty of the one's you have led.
- 7) What interests you most about the clinic?
- 8) What would you like to focus on?
- 9) Do you any rock climbing experience? Please explain.
- 10) Do you have any alpine climbing experience? Please explain.
- 11) How did you learn about the clinic?
- 12) If you are an alumni, please list the year, guide and class level you participated in.
- 13) We will have limited demo gear available for you to use though we suggest that you bring your own gear if you have it. Please list the gear you do NOT have (example: ice axes, crampons, boots, back pack or soft wear ).

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14) Do you have any concerns you would like to express?

15) Is there anything else you want to comment on?