

LIST OF SUPPLIES

Bring only supplies listed below. All other equipment (backpacks, shelters, stoves, etc.) will be supplied. Make your choices as lightweight and compact as possible. Remember you will be carrying what you bring plus your share of team equipment. Pack supplies in stuff sacks or plastic bags within a duffel bag.

EQUIPMENT

- Sleeping Bag-32°F. (preferably synthetic insulation-must fit into waterproof stuff sack and weigh under 5 lbs.)
- 2 Lash straps for securing sleeping bag to back pack
- Sleeping pad
- Metal cup, plate & spoon
- Quart plastic water bottle
- Small flash light with extra batteries
- Whistle
- Waterproof matches

CLOTHING

- Hat or cap (crushable)
- Stocking hat (fleece or wool)
- Nylon poncho
- Shell parka (waterproof)
- Fleece or wool sweater-long sleeve
- Fleece or Wool shirt-long sleeve
- Cotton shirt-long sleeve
- 3 T-shirts
- Rain pants (waterproof)
- 2 long pants (1 should be fleece or wool)
- 2 hiking shorts
- Belt
- 3 pair underwear
- 2 poly-pro liner socks
- 2 pair wool socks
- Light athletic shoes
- Boots (should give good support and be waterproofed)

TOILETRIES

- Liquid soap
- Toothbrush
- Toothpaste
- Comb
- Toilet paper (1 /3 roll in plastic bag)
- Hand towel (for trail)
- Bath towel (for lodge)

MEDICAL

- Moleskin
- Lip salve
- Insect Repellent (liquid)
- Sun screen

EDUCATIONAL

- Notebook (4x5)
- Pencil or Pen
- Pocket size Bible

OPTIONAL

- Pocket knife w/can opener
- Tube of Snoseal
- Gaitors (waterproof)
- Mirror (metal)
- Sanitary supplies
- Sunglasses
- Medication
- Camera and Film
- Fishing Gear (compact)

PLEASE READ CAREFULLY

Location: Over the past 33 years Voice of Wilderness has conducted trips in a variety of locations throughout Colorado, New Mexico, Wyoming, Arkansas and Texas. For the Summer of 2006, programs will be conducted in the beautiful San Juan Mountains of Southwestern Colorado. Voice of Wilderness base camp is located North of Pagosa Springs, Colorado, high in the San Juan Mountains, totally surrounded by national forest. Panoramic views can be seen in all directions from these 35 beautiful acres, which are clothed partially by magnificent Aspen, Fir, and Spruce trees and partially by a meadow covered with tall grass and a wide variety of wild flowers. A rustic log lodge with a large open fireplace and cozy bedrooms will welcome each participant at the beginning and end of each trip.

Reservations: We encourage you to register for the trip of your choice as soon as possible as space is limited. Places will be reserved on a first come first serve basis until the trip is filled to capacity. The proper deposit must be sent with each registration in order to reserve a place. **Deadline for registration and balance of payment is 14 days prior to beginning of each trip.**

Cancellations: **Deadline for refund in the event you wish to cancel your registration, is 21 days prior to departure date.** Cancellations received within 20 days of departure date will not be refunded unless you are able to find a replacement; in which case a refund will be granted. V.O.W. reserves the right to cancel or alter trip locations and status due to insufficient reservations, unsafe conditions, or Forest Service Regulations. If cancellation of a trip becomes necessary your payment will be fully refunded.

Costs: Total cost listed with each trip includes deposit, all team equipment and supplies, (except items on the following list of supplies) food while at lodge and on the trail, accommodations while staying at lodge, and insurance for activities during the trip, (policy limitations and exclusions will be made available for review upon request).

Transportation: **You will be expected to arrange your own transportation.** Upon registration you will receive a detailed map that will direct you to Voice of Wilderness base camp location. If you have difficulty arranging transportation, please let us know, Perhaps we can coordinate with others going your way. If you choose to fly we will arrange transportation to and from the airport in Durango or Pagosa Springs.

Arrival and Departure: We will be expecting you to arrive between 3:00 and 5:00 p.m. on the first day of your program. Departure will be expected after breakfast on the last day of your program.

Participant Responsibilities: We highly suggest you begin a physical conditioning program consisting of jogging, push-ups and sit-ups, as soon as you determine you will be participating in one of our trips. For maximum safety, participants will be expected to cooperate with staff in charge of their trip. Tobacco, alcoholic drink or illegal drugs are not permitted on trips at any time. Participants will be expected to come prepared with those items on the following list of supplies.

Leadership: VOW was founded in 1973. For the past 34 years it has been a priority to maintain competency in the leadership of VOW through continued experience in wilderness skills and programming. Maintaining up to date emergency medical certification needed for these trips and continued training and study in biblical principles are hallmarks of VOW leadership. All staff members are chosen on the basis of their desire to pursue these same standards and qualifications. As a result, VOW has initiated a positive force in the lives of many youth and adults over these years and at the same time maintained an excellent safety record.

VOICE OF WILDERNESS

11025 ELLWOOD, THE WOODLANDS, TX 77380

281-363-3Zi2 (Texas) 970-264-2961 (Colorado) 832-326-0776 (Cell)

www voiceofwilderness.org Email - voiceofwilderness@gmail.com

REGISTRATION, PARENTAL CONSENT, AND RELEASE

Name _____ Sex _____ Age _____ Birthdate _____
Address _____ City _____ ST _____ Zip _____
Home Phone _____ Bus. _____ Email _____
Program opportunity _____

For office use only

Date rec'd _____
Deposit _____
Amt Due _____
Bal. _____
Date Paid _____
Refund _____

Amount enclosed _____ Deposit will be deducted from your total cost.

Attach separate registration for each individual.

We make every effort to provide you a fun opportunity. Our staff will give instructions before each activity and it is important that you listen and do as they say. You will assume the responsibility for many decisions affecting your safety during those activities. These activities can be physically demanding with inherent elements of risk and danger beyond your control. We do not assume liability for personal injury or death. You must sign a Release form and go at your own risk. We offer opportunities requiring various degrees of fitness. We are not qualified to evaluate your fitness so you must evaluate your fitness as appropriate for any given activity. If you are overweight, or in poor physical condition, you should consult with your physician before the trip.

Mail to : Voice of Wilderness
11025 Ellwood
The Woodlands, TX 77380

_____ date _____ participant signature

_____ date _____ parent's of guardian's signature if participant is under 21

MEDICAL QUESTIONNAIRE

Name _____ Height _____ Weight _____ Are glasses or contacts worn? _____
In case of emergency, notify: _____ Relationship _____ Phone _____
If not available in an emergency, notify: _____ Relationship _____ Phone _____
Do you have trouble with Asthma? _____ Convulsions _____ Diabetes _____ Heart Trouble _____ Menstrual Cycle _____
Are you allergic to bee stings? _____ Hay fever? _____ Insect stings _____ Poison Ivy _____ Penicillin _____ Other _____
Describe swimming ability _____ Date of last tetanus shot or booster _____ (Must be within 10 years to be current)
Will you be bringing any prescription medication with you? _____ If so, specify name of medication, dosage and reason for use.

Include any further medical history that might cause physical complications _____ Health Insurance Policy # _____

Name of company and address _____

I affirm that I am (the applicant is) in good general health and not under a doctor's care for any condition which will endanger my (the applicant's) health of health of other on the trip. I also accept the stated limitations and exclusions as set forth through the camper insurance coverage carried by Voice of Wilderness and assume full responsibility for payment of any medical cost not covered by or exceeding the policy limitations. (Camper insurance policies are available for review upon request for those without personal cover-

_____ date _____ participant signature

_____ date _____ parent's of guardian's signature if participant is under 21