

Pre-stay information sheet & Firearms Declaration

This form must be completed **individually** and returned no later than **15 days** before the beginning of the stay to info.anticosti@sepaq.com

CUSTOMER INFORMATION

Booking number (mandatory) :		Date of arrival:	
Hunting & Lodging Sector:			
Boarding Location:	Mont-Joli	Québec	Montréal
	Other, specify:		

INFORMATION SUR LE CLIENT

Last Name:		First Name:	
Language spoken:	English	French	
Mobile phone number:	Home phone number:		
Civic number, street:			
City, State, Zip Code:			
Email:			
Hunting Certificate number (Québec residents only) :		Date of birth :	
Driver's license number and expiration date, only if if you plan to drive the truck and/or have a package including an ATV (sector Chicotte AVT, Chicotte AVT B, Renard, Ruisseau-de-la-Chute and Cormoran) :			
License Number :		exp :	
IN CASE OF EMERGENCY			
Last Name:		First Name:	
Mobile phone number:		Home phone number:	

MEDICAL CONDITION

Medical history/condition to be respected:	Yes	No
Restrictions related to physical activities:	Yes	No
☞ Please specify types of activity:		
Special diseases/conditions:	Diabetes	Recent surgery
	Bypass surgery	
	Musculoskeletal injury that may affect your activities	
☞ Other/precautions required:		
Need a plug to connect a sleep apnea machine:	Yes	No
Are you taking medication that may affect your ability to participate in physical activities?	Yes	No
☞ Please specify types of activity:		

The section below is to be completed only if you have a package including meals (American plan).

ALLERGIES, INTOLERANCES, AND DIETARY RESTRICTIONS

IMPORTANT: Given the degree of isolation of Anticosti Island, it is very important to specify to us any type of health problem or food restriction **before** your arrival. Please note that we reserve the right to refuse certain specific or impossible requests in this context. In case of allergies or intolerances not declared by the return of this form, **an additional fee of 50\$ per person per day** will apply to your stay.

Do you have any allergies?	Yes	No
☛ Nature of allergies:		
☛ Please specify (e.g. severity of allergy):		
Do you have an epinephrine auto-injector in case of an allergic reaction?	Yes	No
☛ Will you have an operative auto-injector on hand during your stay?	Yes	No
We cannot guarantee safety in cases of life-threatening food allergies.		