

# Potato Tours

## 2011 Tour Application

APPLICANT'S NAME: \_\_\_\_\_

**Tour Choice (check any for which you wish to register; price is \$595 each)**

- |   |   |
|---|---|
| <input type="radio"/> MN Twins/Twin Cities, April 1-3, 2011       | <input type="radio"/> Mankato Vikings Training Camp, Aug., 19-21, 2011    |
| <input type="radio"/> Tulip Festival-Orange City, May 20-22, 2011 | <input type="radio"/> Valley Fair & Renaissance Festival, Sept. 2-4, 2011 |
| <input type="radio"/> Hog Wild Days-Hiawatha, June 17-19, 2011    | <input type="radio"/> Duluth and MN North Shore, Sept. 13-15, 2011        |
| <input type="radio"/> Wisconsin Dells, July 8-10, 2011            | <input type="radio"/> Mississippi River Towns: Winona, Sept. 7-9, 2011    |
| <input type="radio"/> Little House on Prairie, July 22-24, 2011   | <input type="radio"/> Minnesota Horseback Riding, Oct. 21-23, 2011        |
| <input type="radio"/> Bayfield/Apostle Islands, Aug. 5-7, 2011    | <input type="radio"/> MN Vikings/Twin Cities, Nov. 11-13, 2011            |

STAFF RATIO:  Regular (1:4 ratio typically)  Extra-Assistance (1:2 ratio typically)  Personal Care Attendant (1:1 ratio)

Note: *Extra-Assistance* tours have a surcharge of \$120/tour. *Personal Care Attendant* options have a surcharge of \$390/tour. Usually you must provide your own care attendant.

### GENERAL INFORMATION: (Please Print!)

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_  
Home Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Agency Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Contact: \_\_\_\_\_  
Agency Address (if different from home address): Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
To which address should trip information be sent? \_\_\_\_\_  
Person completing this application: \_\_\_\_\_ Relationship or Title: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Agency Fax: (\_\_\_\_) \_\_\_\_\_ Emergency phone # (for nights or weekends): (\_\_\_\_) \_\_\_\_\_

### PHYSICAL INFORMATION:

Blind? \_\_\_\_\_ Eyeglasses? \_\_\_\_\_ Deaf? \_\_\_\_\_ Hearing Aid? \_\_\_\_\_ Control of bowel and bladder? \_\_\_\_\_  
Autism? \_\_\_\_\_ Diabetic? \_\_\_\_\_ If diabetic is insulin taken? \_\_\_\_\_ If insulin taken is this self-injected? \_\_\_\_\_  
Language/Communication difficulties \_\_\_\_\_  
Fully ambulatory? \_\_\_\_\_ If no, what aids do you use? Man. Wheelchair \_\_\_\_\_ Walker \_\_\_\_\_ Cane \_\_\_\_\_  
Medications (or attach) (Check here if no medications:)

Medication Supervision: \_\_\_\_\_ completely independent \_\_\_\_\_ takes meds with reminders \_\_\_\_\_ tour staff must keep possession  
Seizures? \_\_\_\_\_ Known Allergies \_\_\_\_\_ Diet restrictions \_\_\_\_\_

### SPECIAL NEEDS INFORMATION:

Please describe any physical problems or physical disabilities, activity limitations, special equipment needed.

### SPENDING MONEY/MONEY MANAGEMENT: (check one)

\_\_\_\_\_ can independently handle all money \_\_\_\_\_ leaders should keep control of all money  
\_\_\_\_\_ can have some money (amount: \_\_\_\_\_), but needs assistance with purchasing

### SELF CARE SKILLS:

	<i>Independent</i>	<i>Needs Assistance*</i>		<i>Independent</i>	<i>Needs Assistance*</i>
Dressing	_____	_____	Street Safety	_____	_____
Bathing	_____	_____	Eating	_____	_____
Toileting	_____	_____	Hygiene	_____	_____

\*Please describe how much assistance is needed in any of the skill areas listed above:

**Mail application with FULL payment to:**

Potato Tours • 4603 Bloomington Ave. • Minneapolis, MN 55407 • (612) 721-2800 • (800) 611-0402 • Fax: (612) 721-3409