

2009 Program Registration Form



Name of Participant _____

Age: _____ Gender: Male Female Email: _____

Address: _____ Telephone: _____

Program (please check program and fill out total cost):

	Week	Date	Time	Course	Program Cost	Lunch +\$30	Total (\$)	Program Status
	1	June 29-July 3	9am-4pm	White Sail I, II, III	\$210			
	2	July 6-July 10	9am-4pm	White Sail I, II, III	\$210			FULL
	3	July 13-July 17	9am-4pm	White Sail I, II, III Bronze Sail IV	\$210			
	4	July 20-July 24	9am-4pm	White Sail I, II, III Bronze Sail IV	\$210			
	5	July 27-July 31	9am-4pm	White Sail I, II, III	\$210			
	6	Aug. 3-Aug. 7	9am-4pm	White Sail I, II, III	\$210			
	7	Aug. 10-Aug. 14	9am-4pm	White Sail I, II, III Bronze Sail V	\$210			
	8	Aug. 17-Aug. 21	9am-4pm	White Sail I, II, III Bronze Sail V	\$210			
	ADULT COURSE	July 7- Aug. 18	Tuesdays 6-9pm	White Sail I, II, III+	\$150	N/A		

SAFETY INFORMATION	Name	Telephone	Relation
EMERGENCY CONTACT 1:			
EMERGENCY CONTACT 2:			

How will your child arrive and depart from the sailing school? _____

Indicate current swimming and sailing abilities: Family Doctor: _____

- Non-swimmer
- Weak swimmer
- Average swimmer
- Strong swimmer
- Some sailing experience
- White Sail I
- White Sail II
- White Sail III

Health Card #: _____

List any medical or learning conditions we should be aware of below:

(Including food or insect allergies)

MAILING ADDRESS:

Sail Thunder Bay
c/o Accounting Services
105 Villa Street
Thunder Bay, ON
P7A 7W5

Please contact Sail Thunder Bay at 620-3664 prior to payment and registration to ensure program availability.

Please send payment, registration form & signed waiver to our mailing address.
Make cheques payable to **Sail Thunder Bay**.