

2010 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 +\$40	Total (\$)	Program Status
	1	June 28-July 2	9am-4pm	White Sail I, II, III	\$225			
	2	July 5-July 9	9am-4pm	White Sail I, II, III	\$225			FULL
	3	July 12-July 16	9am-4pm	White Sail I, II, III	\$225			
	4	July 19-July 23	9am-4pm	White Sail I, II, III	\$225			
	5	July 26-July 30	9am-4pm	White Sail I, II, III Bronze Sail IV & V	\$225			
	6	Aug. 2-Aug. 6	9am-4pm	White Sail I, II, III Bronze Sail IV & V	\$225			
	7	Aug. 9-Aug. 13	9am-4pm	White Sail I, II, III	\$225			
	8	Aug. 16-Aug. 20	9am-4pm	White Sail I, II, III	\$225			
	ADULT COURSE	July 6- Aug. 17	Tuesdays 6-9pm	White Sail I, II, III+ Price Includes \$50 membership to Temple Reef Sailing Club & Boat Access on Thursday Evenings	\$200	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
- Bronze IV or V

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
www.sailthunderbay.com

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

Note: Program spots will not be held until full payment is received.

Please send payment, registration form & signed waiver to our mailing address.

Make cheques payable to **Sail Thunder Bay.**