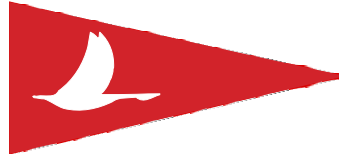


# CYC SUMMER SAILING CAMP REGISTRATION



To register please complete this registration form and either fax (271-5479) or mail the form along with payment, to the CYC. VISA and AMEX are also accepted on phone in orders (272-3300).

Surname \_\_\_\_\_ First Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Prov. \_\_\_\_\_ Code \_\_\_\_\_  
Home Ph. \_\_\_\_\_ Work Ph. \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_

da / mo / yr

If CYC Member: Membership Type \_\_\_\_\_ Family Single Junior Birthdate \_\_\_/\_\_\_/\_\_\_

Please Check  Puddle Jumper  White II  Bronze 4  Instructor  Womens LTR  
Course Desired  White I  White III  Bronze 5  Adult LTS  Training Camp

Course Date Desired \_\_\_\_\_ Course Cost \_\_\_\_\_

\*GST not required if 14 yrs or younger

\*GST \_\_\_\_\_

Paid by VISA AMEX Cheque Cash TOTAL \_\_\_\_\_

Sailing Experience  None  Beginner  White I  White II  White III  Bronze 4  Bronze 5

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Emerg Ph \_\_\_\_\_

Alternate Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Alt Phone \_\_\_\_\_

Known Medical Conditions \_\_\_\_\_

AHC number \_\_\_\_\_ - \_\_\_\_\_

Family doctor \_\_\_\_\_ Ph. \_\_\_\_\_

Any Allergies \_\_\_\_\_

Medication \_\_\_\_\_

Card Number \_\_\_\_\_ exp. date \_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_ Application Date \_\_\_\_\_