

## **Registration Form**

Name:								
Address:								
Email:								
Telephone (Home):			(Cellu	ular):				
Method of Payment:	Cheque (	)	Credit Card: \	VISA ( ) MAST	TERCARD ( )			
Card Number:	Expiry Date (M/A):							
Name on Card:								
Signature:								
			Course	Guide				
						Cost		
Course Title	Choice (X)	REF#	# Classes	Date (MM/DD)	Time	(Be	(Before tax)	
Sailing Essentials*		SE-1	10	06/10 – 07/10	6 p.m 9 p.m.	\$	800.00	
		SE-2	10	07/15 – 08/14	6 p.m 9 p.m.	\$	800.00	
*Our Sailing Essentials co	ourse is offered o	ver ten (10	O) evening classe	es, Mondays, and Wedr	nesdays from 6 p.m. to	o 9 p.m.		
Cancellation Fee:	10% if more than two (2) months before the start date							
	25% if more than one (1) month of the start date							
	50% if within	one (1) m	onth of the sta	art date				
			WAIVER OF	LIABILITY				
I hereby enroll in the F	Royal St. Lawren	ce Yacht			ereby hold harmless	the Clu	ub, its	
officers, directors, em	•			-	•			
of the sailing course ar	•		•	oregoing in respect to	o any claim or claim	s which	າ may be	
made against them ari	ising out of such	activities	S.					
			_					
Signature				Date				