

Registration Form

Name:								
Address:								
Email:								
Telephone (Home):			(Celli	(Cellular):				
Method of Payment:	Cash ()	Cheque	e()	Credit Card: VISA	() MASTER	RCARD ()	
Card Number:				Expiry Date (M/A	\) :	CVV #:		
Name on Card:								
Signature:								
			Course	Guide				
				Cost				
Course Title	Choice (X)	REF#	# Classes	Date (MM/DD)	Time	(Be	fore tax)	
Sailing Essentials*		SE-1	10	06/05 – 07/05	6 p.m 9 p.m.	\$	750.00	
		SE-2	10	07/10 – 08/09	6 p.m 9 p.m.	\$	750.00	
		SE-3	5	07/24 – 07/28	10 a.m 4 p.m.	\$	750.00	
*Our Sailing Essentials c			-	·	nesdays from 6 p.m.	to 9 p.m.	., or in one	
(1) session of five (5) day	, classes, Monday	/ to Friday i	irom 10 a.m. to	4 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 I	Roval St. Lawrer	nce Yacht (ereby hold harmles	s the Cl	ub. its	
officers, directors, em	•			-	•			
of the sailing course a	• •				•	•		
made against them ar					,		•	
Cignature			_	Data				
Signature				Date				