

## **Registration Form**

			bisti at				
Name:							
Address:							
Email:							
Telephone (Home):			(Cel	(Cellular):			
Method of Payment:	Cash ( )	Cheque (	)	Credit Card: VISA (	)	MASTERCARD ( )	
Card Number:				Expiry Date (M/A):		CVV:	
Name on Card:							
Signature:							
		Private Lesso	on Opt	tions & Availability			
		(Please m	ark 'X	your selection)			
Drivata Lassans 1 sa	ssions	Num	abor of	participants:			
				participants:			
Please provide addition						s during the week or	
· · · · · · · · · · · · · · · · · · ·	-		-	mornings, afternoons, ever	illigs	s, during the week of	
, , , _							
Cancellation Fee:	10% if more	than two (2) mo	onths he	fore the start date			
Cancenation ree.			ne (1) month of the start date				
	50% if within	one (1) month	of the s	tart date			
		WA	IVER O	F LIABILITY			
I hereby enroll in the	Royal St. Lawre			iling course, and do hereby	y hol	d harmless the Club, its	
	• •		•	•		or indirectly from the activities	
of the sailing course a made against them ar	•		nify the	foregoing in respect to any	y cla	im or claims which may be	
made against theili di	ising out or sut	ar activities.					
Cianatuus				D-+-			
Signature				Date			