

Registration Form

Name:								
Address:								
Email:								
Telephone (Home):			(Cellu	ular):				
Method of Payment:	Credit Card: VI	SA () / MASTER	RCARD ()				
Card Number:	Number: Expiry Date (M/A):):	CVV:		
Name on Card:								
Signature:								
			Course	Guida				
			Course	Guide			Cost	
Course Title	Choice (X)	REF#	# Classes	Date (MM/DD)	Time	(Be	(Before tax)	
Sailing Essentials*		SE-1	5	06/02 – 06/30	6 p.m 9 p.m.	\$	800.00	
		SE-2	5	07/07 – 08/04	6 p.m 9 p.m.	\$	800.00	
*Our Sailing Essentials c	ourse is offered o	over five (5)	evening classes	s, Mondays, from 6 p.m	n. to 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. Lawrer	nce Yacht (Club Adult Sail	ing course, and do he	ereby hold harmles	s the Clu	ub, its	
officers, directors, em	•			-	•	•		
of the sailing course a made against them ar	•		•	oregoing in respect t	o any claim or clain	ıs which	າ may be	
made against them at	ising out or suci	i activities	•					
Signature			_	Date				