

REGISTRATION FORM

Please fill in blue boxes and check red boxes

First name

Middle Name

Last Name

Address Province

City Postal Code

Birth date (dd/mm/year)

Female Male

Home Phone

Cell Phone

Email

Course Code Date

Georgian Bay Caribbean

Fee

Payment by E Transfer to skipper@adventuresailing.ca

I HAVE READ THE TERMS & CONDITIONS OF CHARTER *

I AGREE TO SIGN THE ACTIVITY WAIVER AND RELEASE FORM*

I AGREE TO ABIDE BY THE ONTARIO SAFE SPORT POLICY*

* VIEWABLE ON THE WEB SITE

How did you find out about Adventure Sailing Plus Ltd.

Internet Website Boat Show

Referral Advertisement

Comments

Please scan and email the form or mail to : ADVENTURE SAILING PLUS LTD
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