

Registration Form



Lesson Type: (choose one)

- CAMPS: 5 Day am pm
4 Day am pm
3 Day am pm
2 Day am pm
1 Day am pm
am 9:30- 12:00
pm 2:30 - 5:00

- LESSONS: Private Semi Private
 Threesome Wave party/ Group

SAT/SUN: 9:30 11:00 12:30 2:00 3:30 • MON- FRI: 12:30 2:00 3:30

SURF CLUB: Associate Full

Date(s) of lesson: _____ Time: _____

INSTRUCTOR: Coleen Denise Joylynn Erica Lauren Andrea
Dean Joe B Chad Matt Andrew

STUDENT'S WEIGHT: _____ AGE: _____

ADDRESS INFORMATION (MAILING or HOME)

Name _____
Street _____
City _____ Zip _____
E-mail _____

PHONE: Please include a number where you can be reached immediately before or during the lessons/camps for last minute changes due to weather conditions.

Phone #'s _____
Contact Person _____

Has the registered student ever surfed before? Yes No

Explain: _____

Can the student swim? Yes No

Does the student have any illnesses or disabilities? Yes No

Explain: _____

How did you find out about the surf camp?

Thank you for filling out this important information. Enjoy the surf!