



Sea Kayak Clinic Registration Form

(Click your browser's print button to print this)

Date of Clinic: _____

Name: _____

Address: _____

Phone: Home _____ Work _____

Email: _____

Do you own a sea kayak? Y / N

If so, what model? _____

(This clinic is for sea kayaks only, not recreational boats like Pungos, Blackwaters or short sit-on-tops. If you need a sea kayak to use, rentals are available)

(This next bit of information gets used to decide which boat you should use if you need to rent; don't take it personally)

Age: _____ Height: _____ Weight: _____ Shoe size: _____

Medical conditions or medications: _____

If you are member of the American Canoe Association, what is your number? _____

Other paddling club affiliation: _____

Where did you first hear about this clinic? _____

Cancellation policy: More than 30 days, full refund. Within 30 days of the clinic, full refund only if someone takes your place. Otherwise, 15-30 days, 50% refund; within 14 days, no refund.

Send this completed form, along with a check for \$135 payable to Steve Cramer, to:

Steve Cramer
190 Deer Ridge
Athens, GA 30605