



Participant Name: _____ Today's Date: / /
 Address: _____ Cashier: _____
 Phone: () - - Instructor: _____
 Age: _____

Additional Participant Names: _____ Age: _____
 Parent/Guardian Name: _____
 Relationship: _____
 Address: _____
 Home Phone: () - -
 Day Phone: () - -

Restrictions/Allergies/Medical Concerns:

Medications: _____
Emergency Contact: _____
Relationship: _____
Phone: () - -

Surfing Ability: First Timer Beginner Intermediate Advanced

Lessons		Rate Per Person	Date of Lesson
Private (1 person)	\$ _____	/ /	
Group (3 person min)	\$ _____	/ /	
Semi Private (2 people)	\$ _____	/ /	

Camp & Clinics		Rate Per Person	Date of Camp or Clinic
Full Day Camp	\$ _____	/ /	
1/2 Day Camp	\$ _____	/ /	
Clinic (9am-Noon)	\$ _____	/ /	

Total Balance Due \$ _____
 Deposit Due \$ _____
 Balance Due \$ _____

Balance Paid \$ _____

* 50% Deposit is required for all Lessons and Camps.
 Clinics must be paid in full to reserve spot.

 Customer or Parent/Legal Guardian Signature