

Registration Form

Name _____

Names of others in group _____

Address _____

City, State, Zip _____

Contact Phone # _____

Secondary Phone # _____

E-mail _____

How did you hear of Atlantic Kayak Tours? _____

| Program Title | Date | # of people | # of Rentals | Price |
|---------------|-------|-------------|--------------|-------|
| 1st | _____ | _____ | _____ | _____ |
| 2nd | _____ | _____ | _____ | _____ |
| 3rd | _____ | _____ | _____ | _____ |
| 4th | _____ | _____ | _____ | _____ |
| 5th | _____ | _____ | _____ | _____ |
| 6th | _____ | _____ | _____ | _____ |
| 7th | _____ | _____ | _____ | _____ |
| 8th | _____ | _____ | _____ | _____ |

Total Payment _____

Kayak Preference* _____

* If unsure of kayak preference please give approximate height and weight to aid us in selecting a boat for you.

If bringing own kayak what type _____

We will contact you for your payment information

All participants will need to sign a release form before the start of the program. Release forms can be downloaded from the website.

Notes and Medical information including allergies, medication, conditions and physical limitations _____
