



WATER SPORTS REGISTRATION REQUEST FORM

Questions? Call (435) 649-3991 Ext 623

Today's Date: _____	Participant's Name: _____
Disability: _____	Primary Contact: _____
Phone: _____	Email: _____

I would like to register for the following:

10 Week Summer Session - Cost \$270.00
 Wednesdays June 29 – August 31
 Fridays July 1 – Sept 2

Time: Please indicate first, second, and third choice
 8:00 9:00 10:00 11:00

Individual Drop in Request: *(For participants who are not able to commit to an entire session)*

Cost: \$30 per 50 minute session

Wednesdays	June 29-August 31	\$30 per 50 minute session
Fridays	July 1 – Sept 2	\$30 per 50 minute session

Date _____ Time _____

<p>Payment Information:</p> <p><input type="checkbox"/> Please charge my credit card upon confirmation of registration. Card # _____ Exp Date: _____ CV Code: _____</p> <p><input type="checkbox"/> Check enclosed. Check will be processed upon confirmation.</p>
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<p>For office use only:</p> <p><input type="checkbox"/> Current Membership <input type="checkbox"/> Participant Forms Rec'd <input type="checkbox"/> Registration Confirmed</p> <p><input type="checkbox"/> Payment Processed Notes: _____</p>
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