

Parkland Sailing Academy Application Form

Please print clearly			
Name:			
Birthdate:	Grade:	School:	
Parent/Guardian Name	e(s):		
Address:			
Email:			
Emergency Contact: N	ame:		
P	hone:		
Any Medical conditions			f:
Medical/Care Card #			
Sailing Ability: Be	eginner	Intermediate	${f Advanced}_{_}$
Course fees: 2016-20	01 7 school ye	ear	
o Sept - Nov (5 we o April - June (9 we	•	0	
Signature:	Date:		
Parent Signature:		Date:	
(for office use only) Approved by:		Date:	

Please contact Christine Bennett at cbennett@sd63.bc.ca
or Andrew Roome at aroome@sd63.bc.ca