



Registration Form

Personal Information

First name	Last name
Address line 1	
Address line 2	
City, State, Zip	
Day phone	
Cell phone	
E-mail address	
Emergency contact	
Emergency contact phone	
Medical conditions to note including allergies, medication, conditions and physical limitations:	

If you are bringing your own kayak, please tell which model and size it is:

If you will be using a Jersey Paddler kayak for your program(s), what is your Height: _____
 Weight: _____

Any notes about types of kayaks you prefer or liked using in the past:

Session sign up	#1	#2	#3
Program name			
Program date			
Rental kayak needed?	Yes No	Yes No	Yes No
For guided fishing kayak excursions	Saltwater <i>or</i> Freshwater Full day <i>or</i> 1/2 day: AM <i>or</i> PM 2 nd choice for date: _____	Saltwater <i>or</i> Freshwater Full day <i>or</i> 1/2 day: AM <i>or</i> PM 2 nd choice for date: _____	Saltwater <i>or</i> Freshwater Full day <i>or</i> 1/2 day: AM <i>or</i> PM 2 nd choice for date: _____
Fee	\$ _____	\$ _____	\$ _____

Total payment enclosed for all programs: \$ _____

Payment method

<input type="checkbox"/> Check enclosed and made out to "Jersey Paddler"	Credit card type <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Amex <input type="checkbox"/> Discover Card number _____ Name on card _____ Exp date _____
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Mail to: The Jersey Paddler School 1756 Rt. 88 Brick, NJ 08724
 Fax to: 732-458-0924