

**Northwest Women's Surf Camps 2007**  
**Custom Registration Form**  
**Lexie Hallahan, Director**  
**Phone # (503) 440-5782**  
**1190- Sixth Avenue**  
**Seaside, Oregon 97138**

Please have each individual attending a custom or company camp complete the following registration form, and a liability release waiver. Also have the person representative for your group fill out a form and waiver. Please have them notate who they are on their form. Note all forms can be printed out for you on a computer. Please make the Sponsor or Company check payable to Lexie Hallahan. Write clearly and legibly. A group registration confirmation will be sent to the representative by email or postal mail after receiving payment.

**Registration Information**

Participant's First Name \_\_\_\_\_

Participant's Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Email \_\_\_\_\_

Swimming Skill Level (circle) Beginner Intermediate Advanced

Ocean Skill Level (circle) Beginner Intermediate Advanced

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Local Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Emergency Contact Phone # \_\_\_\_\_

Physician \_\_\_\_\_

Physician's Phone # \_\_\_\_\_

Date(s) of Day Camps you would like to attend: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*"Thank you, we look forward to sharing our love of surfing and the Great Pacific Playground with you!"*