

Northwest Women's Surf Camps 2007

Company Event 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!"