

Carpe Diem Kayaking Company 2010 Registration Form

Thank you for your interest in Carpe Diem Kayaking Company. In order to best serve you we'd like you to fill out the following information as completely as possible and send it to us with a copy of the Medical and Health Questionnaire and your course fee.

Mark & Mel

Class or Tour Name: _____

Date(s): _____

Name: _____

Phone Numbers: day _____ evening _____ cell _____

E-mail _____ (required if you want to pay by credit
card, e-check, or paypal)

Mailing Address: _____

Will you be bringing your own equipment? Yes/No

If you are expecting to use our equipment please provide the following information so we can best meet your requirements and expectations:

Height: _____ Weight: _____ Experience Level: _____