ADVENTURE SAILING PLUS Ltd.

Registration Form

Classes and Cruises 2010

Please use only one application form per person Student ID

Title	Legal Surname	Former Surname (if applicable)	Given Names

Street address	Apt.	Date of birth Year	Month	Day

City	Province	Postal code	Business phone	Extension

Home Phone	Cell phone	Fax

E:mail address

Course Name	Code	Start Date	Fee

Method of Payment

Cheque	Cash		

Signature	Date yy/mm/dd

Cruise or Cruise Location

Georgian Bay Beacon Bay Marina

Caribbean

Island	Airport	Marina

Please Make Cheque Payable To:

Adventure Sailing Plus Ltd.

Mail To:

Frank Baron
Adventure Sailing Plus Ltd.
71 Maughan Cres.
Toronto, Ontario M4L 3E6

Office Use Only			
Item	**Date**	**Sent by**	**Source**
Basic West			
Intermediate Munn			
Advanced ASA			
Offshore ASA			
		Email	**Post Mail**
Assignment			
Lesson Plan			
Supplement			
PSI Waiver			
Invoice			
		Amount	**Deposit**
Deposit			
Full Payment			
Balance Due			

01/09/2010