



## Clinic Registration Form

**Registration must be accompanied by complete payment of \$20 per clinic.**

Registration confirmation will arrive by e-mail (or phone in the case of no e-mail account)

All information is strictly confidential.

**PLEASE NOTE:** If you are not a Manitoba Whitewater Club member you must allow time before the clinic to become a member and pay club fees on the pool deck.

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please add me to WAV news e-mail list Y N

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

How did you hear about WAVpaddling? \_\_\_\_\_

### Clinic and Background Information

I would like to register for:

Clinic: \_\_\_\_\_ Date: \_\_\_\_\_

Clinic: \_\_\_\_\_ Date: \_\_\_\_\_

Clinic: \_\_\_\_\_ Date: \_\_\_\_\_

Clinic: \_\_\_\_\_ Date: \_\_\_\_\_

I am comfortable on: (Please circle)

Flatwater Class 1 Rivers Class 2 Rivers Class 3 Rivers Open Lake

I can roll in the pool / lake I can roll in the river/swells I have not learned the roll

**IN ORDER TO TAKE A ROLL CLINIC YOU MUST HAVE BASIC KAYAK PADDLING SKILLS. IF YOU DO NOT, PLEASE CONSIDER TAKING ONE OF OUR INTRODUCTION TO KAYAKING PROGRAMS PRIOR TO A ROLL CLINIC.**

Previous paddling experience: \_\_\_\_\_

I am renting a boat package from Wilderness Supply: Yes No

**It is the responsibility of the registrant to pick up and drop off a rental boat package during store hours**

### Please contact us with any questions

Email [courses@wildernesssupply.ca](mailto:courses@wildernesssupply.ca) (preferred method of contact)

Phone 204-783-9555 Toll Free 866-520-9555 (Canada & USA) Fax 204-779-4922

Mailing Address 623 Ferry Road Winnipeg, MB R3H 0T5

For office use only. Payment total: \$ \_\_\_\_\_

Payment Form: Cash: Cheque # \_\_\_\_\_

Follow up sent: E-mail Phone Status: \_\_\_\_\_

Notes: \_\_\_\_\_