Try Surf - Pre-Registration



Name First:		Last:		Pare	nt/Guardian	ı :		
A 11				C'A			CA ZID	
Address:				City:			CA. ZIP	
Ph# : (hm)			Work:			Cell:		
Age:		-		Weight:		_	Height:	
E-mail:							_	
How did you hear of Try Surf Camps?								
How do you rate yourself as a swimmer? Do you sunburn easily							?	
Do you have any medical history that we should know about? (explain)								
Have you ever body surfed? Do you own a we						n a wetsuit?		•
Can we use promotional photos of your surfing activities								
Please choose from the following: (Circle month, date, day of week & \$\$ rate)								
Open Class Rate-\$400 5-day camp includes \$20/per day transport) (Private classes are \$75.00 per hour 2 hour minimum)								
Month:	•						Mari	D
	May 6 7 8 9 10	June 11 12 13 1	July	August	Sept.	Oct.	Nov. 26 27 28 2	Dec.
								9 30 31
Day:	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.	
	<mark>ches apply to</mark>		& classes. B		<mark>ne frames a</mark> i		l by Try Sur	
Beach:	South Bay	Zuma		Oxnard		Ventura		S.Barbara
Time:	9am-12pm	1pm-4pm	9am-12pm	1pm-4pm	9am-12pm	1pm-4pm	9am-12pm	1pm-4pm
Time.	Jun 12pm	триг триг	oun 12pm	триг триг	Junt 12pm	тріп тріп	Jun 12pm	тріп тріп
Signature: Date:								
Please complete, sign and send this form along with a check to:								
Try Surf								
L							our beaches clean!	
Simi Valley, CA 93065								
trysurfcamp@yahoo.com Follow us on Instagram @trysurf Sea what its all about!								
You MUST complete a Try Surf Waiver and Release of Liability!								