



# Triangle Kayak Clinic Registration Form

Name:		
Age:		
Height:	Weight:	
Street:		
City/State/Zip:		
Day Phone:	Night phone:	
email address:		
Class you are registering for:		
Date(s):		
I will be bringing my own boat: <input type="checkbox"/>		
Make:	Model:	
I will need a kayak provided me for the class: <input type="checkbox"/>		
Type preferred:	Sit-in <input type="checkbox"/>	Sit-on Top <input type="checkbox"/>
Do you have paddling experience? If so, please describe:		
Have you had prior paddling training? If so, please describe:		
Do you have any medical conditions that might affect your ability to engage in this clinic or that your instructor should be aware of during the clinic? Feel free to contact us with any questions about this. This information will be kept confidential.		
Do you have any other questions or special requests for your instructor?		

Questions? Email us at [info@trianglekayak.com](mailto:info@trianglekayak.com) or phone 919.368.2151