# Cascade CANOE & KAYAK Centers, Inc. – Program Registration

**PO Box 4173, Renton, WA 98073** **www.canoe-kayak.com**
**Phone 425-430-0111** **FAX 425-430-0111**

Name _____

Street _____ City _____ State _____ Zip _____

Phone _____ Alt. Phone _____

? Please rate your comfort level around water and swimming ability (please check)

? Very Comfortable ? Moderately Comfortable ? Not Comfortable

? Do you have any medical conditions we should know about? _____

_____

? For Guided Trips, any dietary restrictions? _____

? Lifejacket Size? ? Small ? Medium ? Large ? Extra-Large ? Extra-Extra-Large

| Program(s) | # of Reg. | Price | Extend Price |
|---|---|---|---|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Payment ? Cash ? Check #_____ Subtotal _____

? Visa ? MasterCard ? AMEX Tax 8.8% _____

Card Number _____ Total _____

Expiration Date _____/_____ CVV2 _____

**Change & Cancellation Policy:**

**Lessons and Day Trips**

Payment in full reserves your place; $20 fee per registration for canceling 15 or more days before starting date. Beginning 14 days before the starting date – 50% cancellation fee per registration; beginning 7 days before the starting date – 100% cancellation fee per registration. Changes to another class or trip of equal or greater value are accepted up to 14 days before the starting date with no penalty.

We allow taking part of a class one week and finishing during another on a space available basis. Substituting another person into a portion of a class is not allowed. We offer no compensation for missed classes. All program schedules are subject to change based on safety concerns.

**Multi-day Trips**

Payment in full reserves your place; $20 fee per registration for canceling 61 or more days before the starting date. Beginning 60 days before – $100 cancellation fee per registration. Changes to another trip of equal or greater value are accepted up to 30 days before the starting date.

? **I have read the above Change & Cancellation Policy and agree to the terms.**

Signature_____ Signature Date ____ / ____ / ____

***Office Use Only***

Staff _____ Conf. # _____

All Participants ? Waiver ? Payment

Kids ? Parent's Signature ? Medical Release