

## REGISTRATION FORM

<b>Surname:</b>	<b>Name:</b>	
<b>Title:</b>	<b>ID or Passport Nr.:</b>	
<b>Address:</b>		
<b>What course or charter are you registering for?</b>		
<b>Contact Nr.:</b>	<b>Cell Nr. (if different from contact nr.):</b>	
<b>E-Mail Address:</b>	<b>Age:</b>	<b>Can you swim?    Yes / No</b>
<b>Where did you hear about us?</b>		

**Do you have any previous sailing experience? Yes / No**

**If yes please give details and state your objectives:**

**Are there any medical conditions your instructor should be made aware of or are you currently under medication? Yes / No**

**If yes please state:**

**Name and contact details of person to call in case of an emergency:**

**Banking Details:**

**Account Name: Cape Town Sailing Academy CC**  
**Bank: First National Bank** **Branch: Gardens**  
**Account Nr: 622 3404 7307** **Branch Code: 201 511**

**The registration fee, i.e. 50 % of the course fee is to accompany the completed registration form and proof of payment into the account of the Cape Town Sailing Academy CC. (The balance of the course fee in full is due before or on the first day of the course.)**

**Date: Place:**

**Signature:**