

COTTAGE TOYS WAKEBOARD AND WATER SKI SCHOOL APPLICATION FORM

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Email: _____ Phone #: _____

Health Card #: _____

Food Allergies: _____

Medical Concerns: _____

Contact Person: _____ Relation: _____

Phone #: _____ Alternate Phone #: _____

Male Female Age: _____

Ability: Beginner Intermediate Advanced

Main Interest(s): Wakeboarding WakeSkating Beginner Skiing Slalom Skiing

Knee Boarding Bare Footing Tubing

Preferred Date(s): _____

2nd Choice: _____

All students need to bring: bathing suit/shorts, warm change of clothes, hat, towel, sunscreen, approved PFD (if available) - PFDs will also be available on the boat.

