



Class Registration Form

Jon Holmes, Director
1919 Woodfern
Lowell, MI 49331
616-460-0540
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*Complete form and return along with payment in full to:
Adventures On The Grand, 1919 Woodfern, Lowell, MI 49331*

Personal Information (Please print)

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Day Phone (____) _____ Evening Phone (____) _____

E-mail Address _____

How did you hear about us? Web Search Engine Brochure/Business Card Other
Bill and Paul's Referral-Friend Referral-Website Referral-Other Repeat Customer

Class/Trip Information

Please specify class/trip _____

Height _____ Weight _____ Gender _____ Age _____

Will you need a sea kayak and paddling equipment? Yes No

(kayak, paddle, PFD, spray skirt, whistle, paddle float, bilge pump are included in the cost)

Medical Information (Confidential)

In case of emergency notify:

Name (print) _____ Relationship _____

Day Phone (____) _____ Evening Phone (____) _____

Insurance Company _____

Group Number _____ Policy Number _____

Do you have any allergies? (bee stings, food, medications, etc.)

Are you taking any medications either prescription or non-prescription?

Do you have any health conditions that I should be aware of? (back/joint problems, heart problems, diabetes, asthma, etc.)

Please note: Your space will not officially be reserved until your payment is received. Checks can be made payable to: Adventures on the Grand.

This information is collected in order to ensure your safety during the course and in the unlikely event of an accident. Once the course is complete the information is destroyed (or returned to you at your request). If you have any concerns about a medical or physiological condition please contact us.