

Shoreline Aquatic Center Course Registration Form

Please type or print a form clearly for each student:

Student's Name: _____

Parent or Guardian's Name: _____

Birth Date: ____/____/____

Under 18: Yes ___ No___

Phone Number: (_____) _____ Cellular Phone Number: (_____) _____

Work Phone Number: (_____) _____

Email Address: _____

How did you hear about us? ___Internet ___Friends ___ Shoreline Newspaper ___ Mailing
___Yellow Pages ___Taken classes here before ___ Visited Park ___ Rec. Dept. ___ Other

Street address: _____

City, State, Zip Code: _____

Desired Course Name:

Adult/Teen Courses:

Windsurfing ___ Level I ___ Level II ___ Level III Dates: _____

Sailing ___ Level I ___ Level II ___ Level III Dates: _____

Kayaking ___ Level I ___ Level II Dates: _____

Circle if applicable: \$65 discount for purchase of all 3 windsurfing courses at one time

\$75 discount for purchase of all 3 sailing courses at one time

Kids/Teen Summer & Seasonal Camps: Child's Grade in School: _____

Windsurfing and Sailing ___ Level I ___ Level II ___ Dates: _____

Camp Shoreline ___ Dates: _____

Additional Options for Camps:

Lunch Pass ___ Weekly or Daily ___ Mo ___ Tu ___ Wed ___ Th ___ Fri

Extended Care ___ Weekly or Daily ___ Mo ___ Tu ___ Wed ___ Th ___ Fri

Payment:

Cash ___ Check (make out to Silicon Shores Corp.) ___

___ Visa ___ MC ___ Amex Card # _____

Exp. Date ____/____

Billing Address for Credit Card if different from above:

Signature of Student (or Parent or Guardian if Under 18):
(Indicates authorization to charge credit card if applicable.)

Return to:

Shoreline Aquatic Center

3160 N. Shoreline Blvd.

Mountain View, CA 94043

Fax: (650) 965-7180

Email: boathouse@shorelinelake.com