

2010 Paddlecamp Registration



Regional Paddlesport Centre

Boulevard Lake, Thunder Bay

Paddler's Name: _____

Age: _____ Birthday: _____
Month Day Year

Mailing Address: _____

Email: _____

Telephone #: _____

Emergency # (day time): _____

Emergency Contact Name (print): _____

Registering for:

All weeks are \$100 per week per paddler

Week 1 July 5-9 _____

Week 2 July 12-16 _____

Week 3 July 19-23 _____

Week 4 Jul 26-30 _____

Week 5 Aug 2-6 _____

Week 6 Aug. 9-14 _____

Week 7 Aug. 16-20 _____

Camps run from 8:30am-4:30pm

Monday - Friday

Mail to: Lakehead Canoe Club
245 Prospect Ave
Thunder Bay, ON. P7A5L8
email: info@paddlesport.org
Voicemail: 345-8467

Paddlers previous experience: _____

Swimming Level: _____

Medical Info: _____

Personal Interests (sports/leisure): _____

Payment Reviewed: \$ _____ Date: _____

Paddler's Signature: _____

Parent/Guardian Signature: _____

Parent/Guardian Name (print): _____

LAKEHEAD CANOE CLUB

