

Sweetwater Kayaks

10000 Gandy Blvd. St. Petersburg Florida 33611

jean@sweetwaterkayaks.com

(727) 570-4844 FAX (727) 563-0553

ACA ICE/ICW

(Please Print Clearly)

Please mail or fax a separate registration form for each participant

NAME:		DATE:
ADDRESS:		
CITY:	STATE:	ZIP:
DAY PHONE:	EVENING PHONE:	CELL PHONE:
E-MAIL: <i>(Print carefully to receive e-mail updates)</i>		

ACA INSTRUCTOR DEVELOPMENT WORKSHOP:

_____ JANUARY 9,10 & 11 2009

\$375.00..... \$ _____

ACA INSTRUCTOR CERTIFICATION EXAM:

_____ JANUARY 9,10 & 11 2009

\$375.00..... \$ _____

Yes ,I have(please check) ___ become an ACA member, ___ Purchased the Manual,
___ read <http://www.americancanoe.org/instruction/instruction.lasso>

Will you need a kayak? _____ (No Charge for Plastic Sea Kayaks)

METHOD OF PAYMENT (You may submit one payment for multiple participants.)

- Check: Payable to: Sweetwater Kayaks Mail to: 10000 Gandy Blvd. N., St. Petersburg, FL 33702
- Credit Card: _____ MasterCard or _____ Visa or _____ Discover Card Billing Zip Code: _____

Credit Card Number: _____ - _____ - _____ - _____ exp. date: _____

Name as it appears on the card: _____ Signature: _____

FAX To: (727) 563-0553 Phone: (727) 570-4844 (Please e-mail or call us to confirm receipt of your fax)

Refund Policy:

It is recommended to obtain travel insurance. We will issue credit and not refunds due to costs incurred in putting on this program. No refunds or credit due to inclement weather.