

**Osprey Sea Kayak Adventures Inc.
Trip Registration**

Course & Date: _____ **Location:** _____

Name: _____

Address: _____ **City/State:** _____

Zip Code: _____

Phone (Eve): _____

(Day): _____

E-mail: _____

Age: _____ **Weight:** _____ **Height:** _____ **Occupation:** _____

PADDLING EXPERIENCE: (circle one)

Beginner Novice Intermediate Advanced

Instruction, Clinics & Courses:
(Please list location & instructors)

Boat Preference (single, double, sit-on-top...):

Course Expectations:

To register, make check payable to *Osprey Sea Kayak Adventures, Inc.*

Amount Enclosed: _____

We also accept Visa & MasterCard

Card # _____ **Expiration Date** _____

Signature _____

Mail with deposit to: *Osprey Sea Kayak Adventures, 489 Old County Rd, Westport, MA 02790*

