

Canoe Instructor IDW/ICE Course Registration

Course Dates: Saturday through Wednesday, May 12-16, 2012
(Saturday and Sunday are Level 1, Monday Level 2, Tuesday Level 3, Wednesday Level 4)

Full Name: _____ Gender: M / F DOB: ___/___/___

Address: _____

E-mail: _____

Phone: (h) _____ (w) _____ (c) _____

Please state the best way to keep YOU informed prior to the course: _____

Certification Level Desired: (# of days & level) _____

Equipment owned and bringing (boat, paddle, PFD): _____

I need to rent paddling gear for the course: ___ yes; ___ no

I need to rent cabin space: ___ yes; ___ no. I need to reserve a tent space: ___ yes; ___ no.

___ YES, I have read the Pre-Course Description, located at www.campbethelvirginia.org/PrecourseIDWDescriptionCampBethel.pdf.

___ YES, I completed and enclosed the Health Form, located at www.campbethelvirginia.org/CampBethelAdultParticipantHealthForm.pdf

Previous Paddling Experience (# days per year; type of water; type of watercraft; etc.):

I am an American Canoe Association member: ___ yes: ACA # _____
_____ no (*must register with ACA prior to course start date*)

I am a current ACA Instructor: ___ yes
_____ no (\$25 SEIC fee due upon passing Instructor Certification Exam)

List ACA Certifications, and last Instructor update and Certification class: _____

Fees: \$100/person/day + \$25 reg/materials fee. **Deadlines:** Registration, a \$125 deposit (which includes registration/materials fee of \$25) AND your Health Form must be received no later than April 25, 2012. All balances due no later than May 7, 2012. All Checks are payable to Camp Bethel. Credit Card payments (with 4% surcharge added) are accepted by mail or phone at (540) 992-2940.

RETURN COMPLETED FORMS and DEPOSIT ASAP and no later than April 25, 2012 TO:

Camp Bethel
ATTN: Canoe Instructor Course
328 Bethel Road
Fincastle, Virginia 24090

HOW ARE YOUR PAYING?

___ Personal Check or Money Order enclosed for amount: \$ _____. Check/MO number: _____.

___ Charge my Credit Card: Notice: A 4% surcharge is added to all credit card payments and deposits.

___ MasterCard ___ Visa for the amount of \$ _____. Cardholder Name: _____.
Card Number: _____. Expiration Date: _____.

Signature: _____. Date: _____.