

Northwest Women's Weeklong Surf Retreat Registration Form
Seaside, Oregon

Participant's Name _____

Participant's Mailing Address _____

Date of Birth _____ **Age** _____

Participant's Email Address _____

Participant's Local Phone # _____ **Cell Phone #** _____

Participant's Home Phone # _____ **Work Phone #** _____

Emergency Contact Name _____

Emergency Phone # _____

Physician's Name & Phone # _____

Swimming Skills **Beginner** **Intermediate** **Advanced** _____

Ocean Skills **Beginner** **Intermediate** **Advanced** _____

Physical Limitations _____

Food Allergies? _____

Person(s) you may be attending the retreat with: _____

If applicable, name the person you want to share a room with: _____

Do not hesitate to contact us if you have any questions: (503) 440-5782 or via email at surfcamps@freedomnw.com

www.nwwomenssurfcamps.com