

REGISTRATION FORMS

Select your course or tour dates, call (218) 726-7128 to confirm space availability, then complete a registration form below:
Send form to: UMD Recreational Sports Outdoor Program 153 SpHC, 1216 Ordean Court, Duluth, MN 55812

Canoeing Registration Form

Name: _____ Email: _____
Address: _____ City: _____ State: _____ Zip: _____
Day Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____
Program Title: _____
Date: (1st Choice) _____ (2nd Choice) _____
Canoeing skill level: Intro One Two Three Four

Please complete the following for equipment sizing:

Height _____ Weight _____ Gender _____ Age _____ I would like to use KCI boat and accessory equipment: Yes No
Method of payment: Check/Money order (Payable to UMD RSOP)
Discover VISA Mastercard Credit Card Number: _____
Expiration date: Mo Yr Amount \$ _____

Signature: _____

Brief description of canoeing, fitness or outdoor background:

Rock Climbing Registration Form

Name: _____ Email: _____
Address: _____ City: _____ State: _____ Zip: _____
Day Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____
Program Title: _____
Date: (1st Choice) _____ (2nd Choice) _____

Please complete the following for equipment sizing:

Shoe Size _____ Harness (pants) Size: Sm M L XL XXL
Height _____ Weight _____ Gender _____ Age _____
Method of payment: Check/Money order (Payable to UMD RSOP)
Discover VISA Mastercard Credit Card Number: _____
Expiration date: Mo Yr Amount \$ _____

Signature: _____

Brief description of climbing, fitness or outdoor background:

Youth Camp Program Registration Form

Participant Name: _____ Email: _____
Address: _____ City: _____ State: _____ Zip: _____
Day Phone: (____) _____ - _____ Eve. Phone: (____) _____ - _____ Parent/Guardian Name: _____
Program Title: _____ Program Dates: _____

Circle Camp T-shirt size: Child S M L Adult S M

Please complete the following for equipment sizing:

Gender _____ Age _____
Method of payment: Check/Money order (Payable to UMD RSOP)
Discover VISA Mastercard Credit Card Number: _____
Expiration date: Mo Yr Amount \$ _____

Signature: _____