



Canadian Yachting Association  
Association Canadienne de Yachting

CYA Intermediate Cruising Course Registration Form

Please complete and submit this application to the Royal Nova Scotia Yacht Squadron, Fax 902-477-6298. This course will run on Tuesday evenings from 7:00 to 9:00 p.m. from January 12<sup>th</sup> to March 30<sup>th</sup> 2010

**Required Fields are marked \***

Contact Information:

\*First Name: \_\_\_\_\_ \*Last Name: \_\_\_\_\_

\*Address: \_\_\_\_\_

RNSYS Membership number: \_\_\_\_\_

\*Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_ Cell

Phone Number: \_\_\_\_\_ \*E-Mail Address: \_\_\_\_\_ About

You:

Age: \_\_\_\_\_

First Aid Certificate: Yes \_\_\_ No \_\_\_ Year Obtained \_\_\_\_\_

Pleasure Craft Operator Course: Yes \_\_\_ No \_\_\_ Year Obtained \_\_\_\_\_

ISAF Approved Offshore Personal Survival Course: Yes \_\_\_ No \_\_\_ Year Obtained \_\_\_\_\_

VHF License: Yes \_\_\_ No \_\_\_ Year Obtained \_\_\_\_\_

Can You Swim? Yes \_\_\_ No \_\_\_

Previous CYA Certifications with year obtained:

Can you tell us about your sailing experience?

\* Payment Information

\_\_\_ Bill to my RNSYS Membership Account

\_\_\_ Bill to my Credit Card ( \_\_\_ Mastercard or \_\_\_ Visa) Card Number:

\_\_\_\_\_ Expiry \_\_\_\_\_