



Canadian Yachting Association
Association Canadienne de Yachting

CYA Coastal Navigation 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 Thursday evenings from 7:00 to 9:00 p.m. from January 14th to April 1st 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 _____