



Richard Schmidt Surf School, Inc.
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SURFARI REGISTRATION FORM

COSTA RICA

First Name _____ Last Name _____

Address 1 _____

Address 2 _____

City _____ State/Province _____

Zip/Postal Code _____ Country _____

Date of Birth: ____ / ____ / _____ Phone _____

E-mail Address _____

Week attending RSSS Surfari (*start date*): ____ / ____ / _____ Enter promo code here: _____

Surfing experience: *First-Timer* | *Beginner* | *Intermediate* | *Advanced*

What type and size of board do you prefer to ride? _____

T-shirt size: *Small* | *Medium* | *Large* | *X-Large*

Where did you hear about our surfari?

Web Site | *Brochure* | *Surf Shop/Retailer* | *Friend/Family* | *Taken an RSSS lesson or surf camp before* | *Other*: _____

Are there any specific areas in your surfing you would like to improve upon? _____

Person to contact in case of emergency:

Name _____ Phone _____

Please indicate any food restrictions, allergies, or medical conditions we should be aware of: _____

Do you carry any medical insurance? Yes | No

If Yes, name of insurance company: _____