SURFING WITH NIXON 2026 PARTICIANT REGISTRATION

**** Note: All participants are Children with ASD only ****

Childs Name: _____ Age: _____

T-Shirt Size: _____ Swimming Ability: _____

Any Special Requirements? _____

Parents Name: _____

Contact PH# and Email Address: _____/_____

Preference of Time for Surf Therapy: 10am-2pm or 2pm-6pm _____

Please fill out the form, save it to your computer and then email it to:
Surfingwithnixon@gmail.com