

Register Today for the Junior Sailing Program



Student(s) Name: _____ Parents Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: (H) _____ (W) _____

Students or Parents E-mail Address: _____

Please circle the date of the week(s) you would like to participate.

Program Dates:

M – Th 10 – 4 Friday 10-1
June 27-July 1
July 5 to 8 (No class Mon, Fri 10-4)
July 11 to 15
July 18 to 22
July 25 to 29
Aug 1 to 5
Aug 8 to 12

Camp Prices:

All one week camps are \$300.00
Ages 10 - 18

Two weeks \$550.00
Three weeks \$750.00

Student Information

Swimming Ability:(Please circle one) Beginner, Intermediate, Advanced

Afraid of Water? Yes, No.

Students Date of Birth: ___/___/___ Number of years sailing experience: _____

Sailing Level: (Please circle one) Beginner Intermediate, Advanced

Other sailing programs attended (where): _____

Types of boats used: _____

Please describe your experience: _____

How did you hear about us? _____