



# TRIP RESERVATION FORM

Boston  
Multi-day-sail  
August 12 - 14, 2009

(please type or print)

NAME \_\_\_\_\_  M  F

2009 Sailing Club Member  Non-Member (please also complete and submit membership form)\*

### MAILING ADDRESS

Address Line 1 \_\_\_\_\_ Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (W) \_\_\_\_\_ (H) \_\_\_\_\_ Email: \_\_\_\_\_

Smoker (S)  Non-Smoker (NS)  Prefer to sail with non-smokers

Club-qualified and willing to Skipper (Please attach resume).

Club-qualified and willing to be First Mate

My sailing experience to date is: \_\_\_\_\_

### IF POSSIBLE, I (WE) WOULD LIKE TO SAIL/ROOM WITH THE FOLLOWING PEOPLE:

\_\_\_\_\_  S  R \_\_\_\_\_  S  R

\_\_\_\_\_  S  R \_\_\_\_\_  S  R

### ALSO RESERVE \_\_\_\_\_ SPOT(S) ON THE TRIP FOR\*\*:

#### SAILORS

NAME \_\_\_\_\_

NAME \_\_\_\_\_

NAME \_\_\_\_\_

#### NON-SAILORS (No Payment Required)

NAME \_\_\_\_\_  M  F

NAME \_\_\_\_\_  M  F

NAME \_\_\_\_\_  M  F

### ENCLOSE A CHECK (Payable to: *The Sailing Club, Inc.*) FOR:

_____ people × \$100.00	_____ people × \$220.00 after June 29, 2009	TOTAL: _____
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Mail to: **Larry Sherwood** 732-495-0358(h)  
**82 Oakwood Pl** 732-319-8920 (c)  
**Keansburg, NJ 07734** ljsherwood@att.net

\* Non-members: Everyone must be a Club member to sail on a trip. Please complete a membership application and forward it, membership dues, and completed trip reservation form to the name above. Membership forms are available in the Member's Trip Information Package, at the Club's website: [www.TheSailingClub.org](http://www.TheSailingClub.org) or from the Trip/Assistant Trip Leader.

\*\* Please use the back of this form to describe the sailing experience of other sailors for whom you are reserving spaces..