



# TRIP RESERVATION FORM

Annapolis  
Back to the 60's  
September 19 - 21, 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 WITH THE FOLLOWING PEOPLE:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

NAME \_\_\_\_\_

Ph. \_\_\_\_\_

M  F S/NS

NAME \_\_\_\_\_

Ph. \_\_\_\_\_

M  F S/NS

NAME \_\_\_\_\_

Ph. \_\_\_\_\_

M  F S/NS

NAME \_\_\_\_\_

Ph. \_\_\_\_\_

M  F S/NS

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

_____ people × \$100.00	_____ people × \$290.00 after August 5, 2009	TOTAL: _____
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Mail to:

Mia McCroskey  
19 Manor House Drive, K12  
Dobbs Ferry, NY 10522

914-693-0074  
miamc@aol.com

\* 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..