



TRIP RESERVATION FORM

Day Sail One
Barnegat Bay
May 30, 2010

(please type or print)

NAME _____

M F

2010 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 × \$85.00	FULL PAYMENT DUE AT SIGNUP	TOTAL: _____
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Mail to: Doug Otte
18 Shore Road
Hopatcong, NJ 07843
908-403-2889
dchotte@gmail.com

* Non-members: Everyone must be a Club member to sail on a trip. Please complete a membership application and 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, or from the Trip/Assistant Trip Leader

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