

## TRIP RESERVATION FORM

Tilghman Island Day Oxford, MD October 15 – 18, 2010

(please type or print)

NAME					м 🗖	F
☐ 2010 Sailing Clu MAILING ADDRESS	b Member	Non-Member (please also co	mplete and submit	membersh	nip form)*	
Address Line 1		Addres	s Line 2			
City		State	ZIP			
PHONE (W)	(H)		_ Email: _			
Smoker (S)	□ Non-Smoker (NS)	☐ Prefer to sail w	rith non-smokers			
☐ Club-qualified and willing	to Skipper (Please attach resur	me).				
☐ Club-qualified and willing	to be First Mate					
My sailing experience to date i	s:					
ALSO RESERVE SPC	OT(S) ON THE TRIP FOR**:					
NAME		Ph		<b>П</b> М	<b>□</b> F	S/NS
NAME		Ph		<b>П</b> М	<b>□</b> F	S/NS
NAME		Ph		□ м	☐ F	S/NS
NAME		Ph		□ м	<b>□</b> F	S/NS
ENCLOSE A CHECK (Paya	ble to: The Sailing Club, Inc.)	FOR:				
people × <b>\$100.00</b>	SEE TRIP WRITEUP FO	OR PAYMENT SCHEDULE	E TOTAL:			
2006	Rainey South Branch Drive tehouse Station, NJ 088	908-872-9101 rjraineyjr@aol	.com			

<sup>\*</sup> 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: <a href="https://www.TheSailingClub.org">www.TheSailingClub.org</a> or from the Trip/Assistant Trip Leader.

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