



# TRIP RESERVATION FORM

St. Vincent  
& The Grenadines  
January 20 - 31, 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: \_\_\_\_\_

**I prefer to sail on (check one):**  Catamaran  Monohull  Don't care

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 × \$250.00	SEE TRIP WRITE-UP FOR PAYMENT SCHEDULE	TOTAL: _____
-------------------------	--	--------------

**Mail to:** Jeff Hamer  
372 South Post Road  
Princeton Junction, NJ 08550 609-890-1104  
jhamer2@verizon.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.