

TRIP RESERVATION FORM

Rock Hall Tilghman Island Day October 17 - 20, 2014

(PLEASE PRINT)					
NAME			□ N	и 🗆 ғ	7
☐ 2014 Sailing Club Member MAILING ADDRESS	□ Non-Member (pleas	e also complete and subm	it membership	form)*	
Address Line 1		Address Line 2			
City	State	ZIP			
PHONE (H) (Other))	Email:			
□ Non-Smoker (NS) □ Smoker (S)	NOTE: Smoking is not allo on deck or below.	wed at any time, Pr	efer to sail witl	n non-smo	okers
☐ Club-qualified and willing to Skipper (Please attack)	ch resume).				
☐ Club-qualified and willing to be First Mate					
My sailing experience to date is:					
IF POSSIBLE, I (WE) WOULD LIKE TO SAIL W	TH THE FOLLOWIN	G PEOPLE:			
ALSO RESERVE SPOT(S) ON THE TRIP I	FOR**:				
NAME	Ph		□ м □] F S	S/NS
NAME	Ph.		□ м □] F S	S/NS

____ people × \$100.00 ____ people × \$435.00 after September 2, 2014 TOTAL: _____

Ph.

Mail the following to the address at right:

□ This form

NAME

NAME

- ☐ Check made payable to *The Sailing Club*, *Inc*
- □ Release of Liability and Zero Tolerance Form (available from the Club's website: www.thesailingclub.org/forms/thisyear/ReleaseFormAllEvents.pdf and the Trip Information Package)

Larry Sherwood 82-A Oakwood Place Keansburg, NJ 07734

 \square M

S/NS

S/NS

□ F

732-495-0358

larry.shrwd@gmail.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 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.