SAILINGCIUB TRIP F	RESERVATION FORM	Maine Rockland, Penobscot Bay September 6 – 13, 2014
(PLEASE PRINT)		
NAME		□ M □ F
2014 Sailing Club Member	□ Non-Memb (please also con	er iplete and submit membership form)*
MAILING ADDRESS		
Address Line 1	Address Lin	e 2
City	State ZIP	
PHONE (H) (Other	er) E	mail:
Non-SmokerSmokerNOTE: Smoking is not allowed at any time, on deck or below.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 T	TRIP FOR**:	
NAME	Ph	M 🖬 F S/NS
NAME	Ph	M 🖬 F S/NS
NAME	Ph	🗖 M 🗖 F S/NS
NAME		
	ple × \$650.00 after July 23, 2014	TOTAL:
 Mail the following to the address at right: This form Check made payable to <i>The Sailing Club, Inc</i> 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) 		Bob Rainey 2006 South Branch Drive Whitehouse Stn, NJ 08889 908-872-9101 rjraineyjr@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 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.