

TRIP RESERVATION FORM

Rock Hall, MD Miles and Severn Rivers June 20 – 22, 2015

(PLEASE PRINT)						
NAME				M		F
2015 Sailing Club Member	Non-Member (please also	complete and s	submit mer	nbership	form)*	
MAILING ADDRESS						
Address Line 1	Addre	ess Line 2				
City	State	ZIP				
PHONE (H)	(Other)	Email:				
□ Non-Smoker (NS) □ Smoker (S	S) NOTE: Smoking is not allowed at any time, on deck or below.	D Prefer	to sail with	1 non-sm	okers	
Club-qualified and willing to Skipper (P	Please attach resume).					
Club-qualified and willing to be First M	Iate					
Mara 11						
My sailing experience to date is:						-
IF POSSIBLE, I (WE) WOULD LIKE TO) SAIL WITH THE FOLLOWING PEO	PLE:				
ALSO RESERVE SPOT(S) ON TH						
NAME	Ph			м 🗖	F	S/NS
NAME	Ph			м 🛛	F	S/NS
NAME	Ph			м 🛛	F	S/NS
NAME	Ph			м	F	S/NS
people × \$100.00	people × \$400.00 after May 6,	, 2015 TO	OTAL:			
		e Club's	Bob Raim 2006 Sou Whitehou 908-872-9 rjraineyj	th Bran use Stat 9101	ion, N	
* Non-members: Everyone must be a Clul dues, and completed trip reservation forn Package, at the Club's website: <i>www.TheS</i>	n to the name above. Membership forms	s are available	e in the Mo			

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