



TRIP RESERVATION FORM

Memorial Day Weekend
Rock Hall, MD
May 22 – 24, 2015

(PLEASE PRINT)

NAME _____ M F
 2015 Sailing Club Member Non-Member (please also complete and submit membership form)*

MAILING ADDRESS

Address Line 1 _____ Address Line 2 _____
City _____ State _____ ZIP _____

PHONE (H) _____ (Other) _____ Email: _____

- Non-Smoker (NS) Smoker (S) **NOTE:** 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 TRIP FOR**:

NAME _____	Ph. _____	<input type="checkbox"/> M	<input type="checkbox"/> F	S/NS
NAME _____	Ph. _____	<input type="checkbox"/> M	<input type="checkbox"/> F	S/NS
NAME _____	Ph. _____	<input type="checkbox"/> M	<input type="checkbox"/> F	S/NS
NAME _____	Ph. _____	<input type="checkbox"/> M	<input type="checkbox"/> F	S/NS

_____ people × \$350.00	FULL AMOUNT DUE AT SIGN-UP	TOTAL: _____
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Mail the following to the address at right:

- This form
- 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)

Mary Ann Gordon
2714 Packer Court
Bridgewater, NJ 08807
908-575-1457
maryagordon14@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 others for whom you are reserving spaces.