



TRIP RESERVATION FORM

Florida's Gulf Coast
St Petersburg
November 7 – 14, 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. _____

M F S/NS

NAME _____

Ph. _____

M F S/NS

NAME _____

Ph. _____

M F S/NS

NAME _____

Ph. _____

M F S/NS

_____ people × \$100.00 <i>non-refundable</i>	_____ people × \$615.00 after September 4, 2015	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)

Mia McCroskey
19 Manor House Drive, K-12
Dobbs Ferry, NY 10522
914-693-0074
miamc@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.