

TRIP RESERVATION FORM

Rock Hall Fall Into St. Michaels October 23 – 25, 2015

(PLEASE PRINT)							
NAME					МС] F	
2015 Sailing Club Member MAILING ADDRESS	□ Non-Member (please also comple	ete and s	ubmit mem	bership) form))*	
Address Line 1	Address Lin	ne 2					
City	State ZII	P					
PHONE (H) (0	Other) E	Email:					
□ Non-Smoker (NS) □ Smoker (S)	NOTE : Smoking is not allowed at any tim on deck or below.	ne, 🔲	Prefer to	sail wi	th non	-smokers	
Club-qualified and willing to Skipper (Please	e attach resume).						
Club-qualified and willing to be First Mate							
My sailing experience to date is:							
ALSO RESERVE SPOT(S) ON THE TI	RIP FOR**:			м	G F	S/NS	
NAME			_			S/NS	
			_				
NAME					🛛 F	S/NS	
NAME	Ph			M	□ F	S/NS	
people × \$100.00 people >	< \$375.00 after September 23, 2015	TOTAI					
 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) 			Eleanor Popolizio 43 Mt. Pleasant Parkway Livingston,NJ 07039 973-535-1650 erp2000@msn.com				
* Non-members: Everyone must be a Club me membership dues, and completed trip reserva Trip Information Package, at the Club's websi	ation form to the name above. Members	hip forn	is are avai	lable ii	n the 1		

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