



TRIP RESERVATION FORM

**British Virgin Islands
February 6 – 16, 2016**

(PLEASE PRINT)

NAME _____ M F

2015 Sailing Club Member (Although this trip sails in calendar 2016, it is during the 2015 membership period) 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 Smoker **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: _____

MY BOAT PREFERENCE IS: **Catamaran** **Monohull** **I don't care; just get me on the trip!**

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 × \$350.00	_____ people × \$1300.00 after Nov. 3, 2015 (Cat)	TOTAL: _____
	_____ people × \$1150.00 after Nov. 3, 2015 (Monohull)	

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 other sailors for whom you are reserving spaces.