



TRIP RESERVATION FORM

Rock Hall
Tilghman Island Day
October 20 - 23, 2017

(PLEASE PRINT)

NAME _____

M F

2017 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 × \$100.00	_____ people × \$475.00 after September 5, 2017	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)

Joel Mack
150 Kings Hwy.
Middletown, NJ 07748

609-206-1134
joelamack@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.