



TRIP RESERVATION FORM

**Baltimore Seafood Festival
Rock Hall, Baltimore, MD
September 15 – 18, 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. _____

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	_____ people × \$400.00 after August 2, 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** (copies available from the Club's website: <http://www.thesailingclub.org/forms/thisyear/ReleaseFormAllEvents.pdf> and the Trip Information Package)

Eleanor Popolizio
43 Mount Pleasant Parkway
Livingston, NJ 07039
973-896-3247
erp2000@msn.com

* Non-members: Everyone must be a Club member to sail on a trip. Please complete a membership application and 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.