



TRIP RESERVATION FORM

APOSTLE ISLANDS
Bayfield, WI
August 5 – 12, 2018

(PLEASE PRINT)

NAME _____

M F

2018 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

LINEN RENTAL (\$35 PER PERSON) YES NO

_____ people × **\$150.00**

SEE TRIP WRITE-UP FOR PAYMENT SCHEDULE

TOTAL: _____

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)

Gary Brubaker
554 Marietta Avenue
Swarthmore, PA 19081
610-543-4534
gary.brubaker@gmail.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.