



TRIP RESERVATION FORM

**Rock Hall
Corsica River
June 26 - 27, 2004**

(please type or print)

NAME _____

M F

2004 Sailing Club Member Non-Member (please also complete and submit membership form)*

MAILING ADDRESS

Address Line 1 _____ Address Line 2 _____

City _____ State _____ ZIP _____

PHONE (W) _____ (H) _____ Email: _____

Smoker (S) Non-Smoker (NS) 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

ENCLOSE A CHECK (Payable to: *The Sailing Club, Inc.*) FOR:

_____ people × \$100.00	_____ people × \$250.00 after May 12, 2004	TOTAL: _____
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Mail to: Jon Stufflebeem 908-822-8701
115 Redmont Road
Watchung, N.J. 07069-6029 jonsailor@earthlink.net

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