



# TRIP RESERVATION FORM

**Punta Gorda, FL  
Longboat Key  
November 6 - 13, 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 × \$150.00	See trip write-up for payment schedule	TOTAL: _____
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Mail to:

**Ken Jones  
8 Cottage Gate Ct  
Palm Coast, FL. 32137**

**386-447-0713  
anchorsdown@att.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: <http://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.