



TRIP RESERVATION FORM

**Rock Hall
Sillery Bay
May 28 - 29, 2005**

(please type or print)

NAME _____

M F

2005 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. _____	<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

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

_____ people × \$250.00	FULL PAYMENT DUE AT SIGN-UP	TOTAL: _____
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Mail to: **Steve Krakauer** **908-306-0898**
 11 Clark Court
 Basking Ridge, NJ 07920 **stevek@att.net**

*** 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 others for whom you are reserving spaces.**