



# TRIP RESERVATION FORM

**Chesapeake Bay  
Cacaway Island  
October 8 – 10, 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. \_\_\_\_\_  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 × \$350.00 after August 24, 2005	TOTAL: _____
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**Mail to:**                      **Julio Menendez**                      **609-259-2698**  
   **12 Francis Ct.**    **jmenendez@aaamidatlantic.com**  
   **Robbinsville, NJ 08691**

**\* 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: <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.**