

TRIP RESERVATION FORM

Vancouver, Canada Desolation Sound September 11 – 21, 2005

(please type or print)					
NAME			□ M		F
□ 2005 Sailing Club Member □ Non-M	ember (please also complete	e and submit m	embersh	ip 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 n	on-smokers			
☐ Club-qualified and willing to Skipper (Please attach resume	e).				
☐ Club-qualified and willing to be First Mate					
My sailing experience to date is:					
IF POSSIBLE, I (WE) WOULD LIKE TO SAIL WITH TH	E FOLLOWING PEOPLI				
ALSO RESERVE SPOT(S) ON THE TRIP FOR**:					
NAME	Ph		M	□F	S/NS
NAME	Ph		M	□F	S/NS
NAME	Ph		I M	□F	S/NS
ENCLOSE A CHECK (Payable to: The Sailing Club, Inc.) I	FOR:				
people × \$250.00 See trip write-up for payment sc	hedule	OTAL:			
Mail to: Jon Stufflebeem 115 Redmont Road Watchung, NJ 07069	908-822-8701 jonsailor@earthlink.	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: 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.