

TRIP RESERVATION FORM

(please type or pri	int)							
NAME							1	🛛 F
2006	Sailing Club Member	D No	n-Member (please a	also complete an	d submit r	nembers	hip forr	n) [*]
MAILING ADD	RESS							
Address Line 1				Address Line 2				
City			State	ZIP		_		
PHONE (W)		(H)			email:			
My sailing experi	ence to date is:							
ALSO RESERV	E SPOT(S) ON TH	HE TRIP FOR*	*					
NAME			Ph		(М	🛛 F	7
NAME			Ph		[М	D F	7
NAME			Ph		[⊐м	🛛 F	7
NAME			Ph		(⊐м	D F	7
ENCLOSE A CH	HECK (Payable to: <i>The S</i>	Sailing Club. In	c.) FOR:					
				UNT DUE AT SIGN-UP				
Mail to:	l to: Dave Steward 19 Budd Lake Heights Rd Budd Lake, NJ 07828			973-347-3918 dbaysailor@optonline.net				
membership due	: Everyone must be a C es, and completed trip re n Package, at the Club's	servation form	to the name above	e. Membership	o forms ar	e availa	ble in t	he Member'

****** Please use the back of this form to describe the sailing experience of others for whom you are reserving spaces.