



# TRIP RESERVATION FORM

**British  
Virgin Islands  
January 13 - 21, 2006**

(Please type or print)

NAME \_\_\_\_\_

M       F

2005 Sailing Club Member

Non-Member\*

## 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

Qualified Club Skipper. *(Please attach resume)*

Interested in being a *Backup-to-the-Skipper* on this trip

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 × \$300.00	Please see trip write-up for payment schedule	TOTAL: _____
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**Mail to:**                      **Don Gilmore**                      **410-745-2370**  
   **P. O. Box 185**                      **dcgilmore@dmv.com**  
   **Neavitt, MD 21652**

\* **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.