

TRIP RESERVATION FORM

Antigua & Barbuda Caribbean Sea April 10 - 20, 2008

(please type or print)				
NAME		_	(F
You will need to be a member in 2008 trip. Please remember to renew it in N				
MAILING ADDRESS				
Address Line 1	Address Line 2			
City	State ZIP			
PHONE (W)	(H) E	Email:		
☐ Smoker (S) ☐ Non-Smo	ker (NS) Prefer to sail with non-sm	nokers		
Qualified Club Skipper. (Please attac	h resume)			
☐ Interested in being a <i>Backup-to-the-Sk</i>	ipper on this trip			
My sailing experience to date is:				
ALSO RESERVE SPOT(S) ON TI				
NAMEPh		_ 🛭 м	□F	S/NS
NAME			□ F	S/NS
			□ F	S/NS
NAMEPh			_	
NAME Ph			□ F	S/NS
ENCLOSE A CHECK (Payable to: The S	Gailing Club, Inc.) FOR:			
people × \$250.00	See trip write-up for payment schedule	TOTAL:		
Mail to: Jeff Hamer 372 South Post Rd Princeton Junction, NJ 08550 jhamer2@verizon.net				
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^{*} Non-members: Everyone must be a Club member to sail on a trip. Please complete a membership form 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.