

TRIP RESERVATION FORM

Rock Hall, MD
The Search for Columbus
October 6-8, 2007

NAME						□ M	1		F
☐ 2007 Sailing Cl	ub Member	□ Non-Membe	er (please al	so complete	and submi	t memb	ership	o form)	*
MAILING ADDRESS									
Address Line 1		Add	ress Line 2 _						
City		State		ZIP		-			
PHONE (W)	(H)				Email:				
☐ Smoker (S)	Non-Smoker (NS)		Prefer to s	ail with non-	smokers				
Club-qualified and willing	g to Skipper (Please att	ach resume).							
Club-qualified and willing	g to be First Mate								
My sailing experience to date i	· ·								
ALSO RESERVE SPO								F	S/NS
NAME					1 м		F	S/NS	
NAME					- м] м	_		S/NS	
NAME					• м • м			S/NS	
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ENCLOSE A CHECK (Paya									
people × \$100.00		people x \$350.00 after August 22, 2007 TO			TOTAL	L:			
Mail to: 82 Oal	Sherwood kwood Pl burg, NJ 07734		732-495-0358 (h) jsherwood@att.net						
* Non-members: Everyone n									

Trip Information Package, at the Club's website: 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.