

TRIP RESERVATION FORM

On Water Training Havre de Grace May 5 – 6, 2007

(please type or print) \square M □ F NAME ☐ 2007 Sailing Club Member Non-Member (please also complete and submit membership form)* MAILING ADDRESS Address Line 1 Address Line 2 State _____ ZIP _____ PHONE (W) _____ (H) ____ Email: ☐ Prefer to sail with non-smokers □ Non-Smoker (NS) ☐ Smoker (S) ☐ Club-qualified and willing to Skipper (Please attach resume). ☐ Club-qualified and willing to be First Mate My sailing experience to date is: ____ ALSO RESERVE ____ SPOT(S) ON THE TRIP FOR**: \square M □ F NAME _____ □ F Ph. NAME \square M **□** F S ENCLOSE A CHECK (Payable to: The Sailing Club, Inc.) FOR: FULL PAYMENT DUE AT SIGN-UP TOTAL: _____ $_{\rm people} \times \$275.00$ Jeff Hamer 609-890-1104 Mail to: 372 South Post Road jhamer@njn.org JHamer2@verizon.net Princeton Junction, NJ 08550 * Non-members: Everyone must be a Club member to sail on a trip. Please complete a membership application and forwa membership dues, and completed trip reservation form to the name above. Membership forms are available in the Mem 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.