

## TRIP RESERVATION FORM

NAME					D M	🛛 F
			Non-Member (please als		mit membershin	form)*
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City			State	ZIP		
PHONE (W)		(H)		ema	uil:	
Smoker (S)		Non-Smoker (NS)	Prefer to	sail with non-smok	kers	
Club-qualified	l and willing to	Skipper (Please attach	resume).			
Club-qualified	l and willing to	be First Mate				
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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.