

TRIP RESERVATION FORM

St. Martin, Anguilla and St. Barts January 24 - 31, 2009

(please type or print) \square M □ F NAME Member in 2008 [It is good until April 1, 2009] ☐ Non-Member* MAILING ADDRESS Address Line 2 ______ Address Line 2 _____ State _____ ZIP PHONE (W) _____ (H) ____ Email: _____ □ Non-Smoker (NS) ☐ Prefer to sail with non-smokers Smoker (S) 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**: Ph._____ \square M □ F S/NS Ph.____ NAME \square M S/NS Ph._____ S/NS \Box M S/NS □ F **ENCLOSE A CHECK (Payable to:** *The Sailing Club, Inc.)* **FOR:** ____ people × \$250.00 See trip write-up for payment schedule TOTAL: _____ Jeff Hamer 609-890-1104 Mail to: 372 South Post Rd jhamer2@verizon.net Princeton Junction, NJ 08550

^{*} 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.