



TRIP RESERVATION FORM

Day Sail Two
Barnegat Bay
July 17, 2010

(please type or print)

NAME _____

M F

2010 Sailing Club Member

Non-Member (please also complete and submit membership form)*

MAILING ADDRESS

Address Line 1 _____ Address Line 2 _____

City _____ State _____ ZIP _____

PHONE (W) _____ (H) _____ Email: _____

Smoker (S) Non-Smoker (NS) Prefer to sail with non-smokers

Club-qualified and willing to Skipper (Please attach resume).

Club-qualified and willing to be First Mate

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 ** :

NAME _____ Ph. _____ M F S/NS

NAME _____ Ph. _____ M F S/NS

NAME _____ Ph. _____ M F S/NS

NAME _____ Ph. _____ M F S/NS

ENCLOSE A CHECK (Payable to: *The Sailing Club, Inc.*) FOR:

_____ people × \$85.00	FULL AMOUNT DUE AT SIGNUP	TOTAL: _____
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Mail to: **Kathleen Moriarty** **914-419-0270 (cell)**
 113 Beacon Hill Drive, E25
 Dobbs Ferry, NY 10522 **kam903@aol.com**

*** Non-members: Everyone must be a Club member to sail on a trip. Please complete a membership application 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: 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.**