



# TRIP RESERVATION FORM

**On Water Training  
Rock Hall, MD  
June 2 – 3, 2018**

(PLEASE PRINT)

NAME \_\_\_\_\_  M  F

2018 Sailing Club Member  Non-Member (please also complete and submit membership form)\*

### MAILING ADDRESS

Address Line 1 \_\_\_\_\_ Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (H) \_\_\_\_\_ (Other) \_\_\_\_\_ Email: \_\_\_\_\_

Non-Smoker (NS)  Smoker (S) **NOTE:** Smoking is not allowed at any time, on deck or below.  Prefer to sail with non-smokers

My sailing experience to date is: \_\_\_\_\_

### 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

_____ people × \$285.00	FULL AMOUNT DUE AT SIGN-UP	TOTAL: _____
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### Mail the following to the address at right:

- This form
- Check made payable to *The Sailing Club, Inc.*
- Release of Liability and Zero Tolerance Form (available from the Club's website: [www.thesailingclub.org/forms/thisyear/ReleaseFormAllEvents.pdf](http://www.thesailingclub.org/forms/thisyear/ReleaseFormAllEvents.pdf) and the Trip Information Package)

**Mia McCroskey**  
19 Manor House Drive, K-12  
Dobbs Ferry, NY 10522  
914-693-0074  
miamc@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](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.