



TRIP RESERVATION FORM

Block Island
Martha's Vineyard
August 5 - 12, 2011

(please type or print)

NAME _____

M F

2011 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

NAME _____ Ph. _____ M F

NAME _____ Ph. _____ M F

NAME _____ Ph. _____ M F

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

_____ people × \$200.00	SEE TRIP WRITE-UP FOR PAYMENT SCHEDULE	TOTAL: _____
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Mail to:

Mia McCroskey
19 Manor House Drive, Apt. K12
Dobbs Ferry, New York 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 or from the Trip/Assistant Trip Leader.**

**** Please use the back of this form to describe the sailing experience of other sailors for whom you are reserving spaces..**