



# TRIP RESERVATION FORM

Memorial Day  
Havre De Grace, MD  
May 28 - 30, 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 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 × \$350.00	<i>FULL PAYMENT DUE AT SIGNUP</i>	TOTAL: _____
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**Mail to:** **Maureen Cannon** **732-642-7130**  
**11 North Tamarack Drive**  
**Brielle, NJ 08370** **maureen\_cannon@msn.com**

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