



# TRIP RESERVATION FORM

Treasure Hunt  
St. Michaels, MD  
September 11 - 13, 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

NAME \_\_\_\_\_ Ph. \_\_\_\_\_  M  F

NAME \_\_\_\_\_ Ph. \_\_\_\_\_  M  F

NAME \_\_\_\_\_ Ph. \_\_\_\_\_  M  F

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

_____ people × \$100.00	_____ people × \$395.00 after July 28, 2010	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](http://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..