



TRIP RESERVATION FORM

**So. Chesapeake Bay
Circumnavigation
October 15 - 22, 2005**

(please type or print)

NAME _____

M F

2005 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 × \$100.00	_____ people × \$425.00 after June 15, 2005 _____ people × \$750.00 after September 1, 2005	TOTAL: _____
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Mail to:

Jane Stubee
54 Merion Road
Marlton, NJ 08053

609-510-3840
jane.stubee@verizon.net

*** 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: <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.**