

Bow to Stern Sailing School

Youth Sailing Program - 2010 Registration Form

(Please Print)

Student Name _____ Age _____ Birth Date _____

Mailing Address _____ City _____ State _____ Zip _____

Home Phone _____ E-mail Address (Parent) _____

Mother's Name _____ Phone Number _____

Father's Name _____ Phone Number _____

Local Contact _____ Relation _____ Phone _____

Local Contact _____ Relation _____ Phone _____

Swimming Ability - _____ Very good _____ Good (can swim 100 yards) _____ Fair (can swim 50 yards) _____ Non - Swimmer _____ Not sure of ability (Explain) _____	Sailing Ability - _____ Advanced _____ Intermediate _____ Beginner _____ Never sailed and apprehensive
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Medical Information – Please make us aware of any medical concerns that may affect your child’s participation. (use back if necessary, all information will be kept confidential) _____

Requested Session dates:

Returning sailor from previous years? Yes No If so, total number of weeks _____.	_____ June 28-July 2 - Session III _____ Beg/Int. _____ Int./Adv _____ CIT	_____ July 26-30 - Session VII _____ Beg/Int. _____ Int./Adv _____ CIT
_____ June 14-18 - Session I _____ Beg/Int. _____ Int./Adv _____ CIT	_____ July 5-9 - Session IV _____ Beg/Int. _____ Int./Adv _____ CIT	_____ Aug 2-6 - Session VIII _____ Beg/Int. _____ Int./Adv _____ CIT
_____ June 21-25 - Session II _____ Beg/Int. _____ Int./Adv _____ CIT	_____ July 12-16 - Session V _____ Beg/Int. _____ Int./Adv _____ CIT	_____ Aug 9-13 - Session IX _____ Beg/Int. _____ Int./Adv _____ CIT
_____ July 19-23 - Session VI _____ Beg/Int. _____ Int./Adv _____ CIT	_____ Aug. 16-20 - Session X _____ Beg/Int. _____ Int./Adv _____ CIT	

Program fee - \$220/wk, 20% discount for siblings. CIT Program \$200/wk (Age 13+ Application Required, See Parent Info Sheet).

Additional discounts for members of the ????? Sailing Club (Specifics announced in March, call for more information.)

50% deposit is required for the first registered week and a 10% deposit is required for any remaining weeks.
 All payments and deposits are non-refundable unless a two week notice is given. If notice is less than two weeks and there is someone on the waiting list that can fill the place, a refund will be given.

I would like to participate in the lunch program for _____ weeks. (\$25 each week)

#of Sessions _____ Amt Due \$ _____ Amt Paid \$ _____ Total Balance Due \$ _____

- Youth Sailors MUST provide their own:
- USCG approved PFD that is sized appropriately
 - Water shoes that fit appropriately (preferably closed toe and NO flip flops)
 - Lunch and beverage (preferably water) each day (cooler/refrigerator is NOT available)
 - Water bottle full of water each day
 - Sunscreen (already applied in the AM), hat and sunglasses

Complete in full for EACH SAILOR and include deposit to ensure a place in the session(s) requested.

I understand and agree to the above statements, I have read and understand the Parent Information Sheet, and I will provide all items needed for the sailor listed above.

Signature _____ Date _____

For more information or questions, please call Bow to Stern Yacht Services at 249-2424(o), or 474-6000(c).

Mail Registration Form, Deposit and Waiver to: PO Box 596, Oriental, NC 28571 or Fax to: 252-249-2424.

Office Use Only: Name _____ Age _____ Wk(s) _____ Lunch _____ Level _____ Waiver _____ Confirmed _____ Pd _____ Bal Due _____ Notes _____