

Chelsea Yacht Club

Adult Sailing Program Application for 2020

Student Name: _____

Permanent Mailing Address: _____

Home Telephone: _____ Work Phone: _____

Cell Phone: _____

E-mail: _____

Alternate Contact and Phone: _____

Swimming Ability: Non Swimmer ____ Beginner ____ Intermediate ____ Advanced ____

Sailing Ability: Never sailed ____ Crewed only ____ Beginner ____
Intermediate ____ Advanced ____

Student Status: New Student ____ Returning Student ____

Date of Birth: _____ Age: ____

Sessions Applying for:

Session I _____ Fri. June 12 6 pm - 9 pm
Sat. June 13 9 am - 5 pm
Fri. June 19 6 pm - 9 pm
Sat. June 20 9 am - 5 pm

Session II ----- Fri. Sept 11 6 pm - 9 pm
Sat. Sept 12 9 am - 5 pm
Fri. Sept. 18 6 pm - 9 pm
Sat. Sept 19 9 am - 5 pm

Fees: Non Member \$400.00 ____ CYC Regular and Affiliate members \$325

Note: - Regular Member in their first 12 months as a member - Free
- Affiliate Member in their first 12 months as a member - \$125

There is a \$50 discount if you supply our own sail boat.

Completed application consists of:

- This form
- \$100.00 non-refundable deposit
- Signed Waiver
- Signed Medical and Emergency Contact Form

What personal goals do you hope to achieve by taking this course? _____

Applicant Signature _____ Date _____

Instructor Record (instructor to complete):

Deposit received _____ Book to Student _____ Balance received _____

COURSE COMPLETED: _____ Yes _____ No Date _____

Signature _____ Date _____

MAKE PAYMENT OUT TO CHELSEA YACHT CLUB AND MAIL TO::

Mail application to: Bob Titone
23 Split Tree Dr.
Wappingers Falls N.Y.
12590

Any questions call Bob Titone (845) 297-5497 or email bobtitone@optonline.net

Name of referring CYC member (if any): _____