

Chelsea Yacht Club

Adult Sailing Program Application for 2018

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 1 6 pm - 9 pm
Sat. June 2 9 am - 5 pm
Fri. June 22 6 pm - 9 pm
Sat. June 23 9 am - 5 pm

Session II ----- Fri. Sept 7 6 pm - 9 pm
Sat. Sept 8 9 am - 5 pm
Fri. Sept. 21 6 pm - 9 pm
Sat. Sept 22 9 am - 5 pm

Fees: Non Member \$400.00 _____ CYC member \$325 _____

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** _____

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): _____