

Chelsea Yacht Club

Adult Sailing Program Application for 2010

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 18 6 pm - 9 pm
Sat. June 19 9 am - 5 pm
Fri. June 25 6 pm - 9 pm
Sat. June 26 9 am - 5 pm

Session II ----- Fri. Sept 10 6 pm - 9 pm
Sat. Sept 11 9 am - 5 pm
Fri. Sept. 17 6 pm - 9 pm
Sat. Sept 18 9 am - 5 pm

(Other sessions, of at least 3 students, can be arranged with approval of your instructor)

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): _____