For Office Use Only

Payment	\$ Check#/Cash In	it Date	Application	Init	Date	1 2
Received			Entered			

Downtown Sailing Center 2010 Youth Sailing Program Registration

Please take a few minutes to print this form and fill it out. Send it, along with your check made payable to The Downtown Sailing Center, Please send a deposit check for the amount of \$100.00 per slot per child per week. Deposits are non-refundable. The remaining balance must be paid before 1 st day of session. Within a few weeks of receiving your application and fees, we will send you a confirmation e-mail or letter with additional information.

Parent/Guardian									
Name:			Street	Address:					
City:	State	e: Zip:	E-mail	E-mail Address:					
Home Phone:			Work F	hone:					
Cell Phone:			Other F	Phone:					
Complete one registra	ation form for each	child:							
Full	Male/ Female	II Birth Data II		School Name	Adult T-Shirt Size				
		Temale	1 1			S M L XL			
Youth Sailing Please fill in the table	below with severa weeks for process ation. d for 5 day sessio day session (Ses weeks, 10% for 3	I sessions in order of ing your request. Your need to be seen to b	of preference. Sess	sions fill up o firmation via ing Sailing ediate Sailin		commodate your ion dates and ng (YR) (must have el 3 or have			
		Session(s)		evel e onel	Enter Friends to	•			
1 st Week		[Circle all that apply]		Y3 YR	[First and Last Name(s)]				
2 nd Week	1234	1 2 3 4 5 6 7 8 9 10 11		Y3 YR					
3 rd Week	1 2 3 4 5 6 7 8 9 10 11		Y1 Y2	Y3 YR					
	Level 3 (2010 Y3) is <u>not</u> offered S	Session So lessions 1-3, Racin		red Sessions 7/9/11				
1: June 7-11 2: June 14-18 3: June 21-25 4: June 28 - July 2	Y1/Y2 Y1/Y2 Y1/Y2 Y1/Y2/Y3	5: July 5-9 6: July 12-1 7: July 19-2 8: July 26 -	23 Y1/Y2/	Y3 /3/YR	9: Aug 2-6 10: Aug 9-13 11: Aug 16-20	Y1/Y2/Y3/YR Y1/Y2/Y3 Y1/Y2/Y3/YR			