



Summer Sailing Camp

CAMP REGISTRATION FORM

Dates

Course #1: June 28th – July 9th, 2010
Course #2: July 12th – July 23rd, 2010
Course #3: July 26th – August 6th, 2010

Beginner Intermediate Advance

Name of Child: _____ Date of Birth: _____

Name of Child: _____ Date of Birth: _____

Course Dates – Preference #1: _____

Course Dates – Preference #2: _____

Parent / Guardian Name: _____

Telephone Contact: (Home): _____ (Work): _____

(Office): _____ (Cell): _____ Email: _____

Emergency Phone Contact: _____

Name of Child's Doctor: _____

Allergies or any other special needs: _____

Camp Fee Enclosed: \$ _____

Please Note: (Checks should be made out to "Grand Bahama Sailing Club")

T-Shirt Size: _____

Signature – Parent / Guardian: _____

Office #: 373-9603 for any questions / Fax #: 374-2421