



Junior Sailing Program 2012 Application Form

Sailor's name: _____

Sailor's Address: _____

City: _____ State: _____ Zip: _____ Phone # with A/C: _____

Parent/Guardian Email(IMPORTANT) _____

Sailor's Birth Date: _____ Age: _____ Sex: _____

Parent's/Guardian's name: _____

Parent/Guardian's Local Address _____

Swimming Ability (circle one): Excellent Average Novice
(NB – See the minimal swimming requirements on the Parental Consent Form)

List any sailing experience: (None required) _____

Hamburg Cove Yacht Club Member? (Parent/Grandparent/Relative): Yes No

If yes, member's name: _____

Medical Concerns/Medical Information for Emergency use: _____

Emergency Contact: _____

Emergency Contact Phone Number: _____

Preferred Session : **July 16-20th** **July 23-27th** **July 30-Aug 3rd** **Aug 6-10th**

Second choice session: **July 16-20th** **July 23-27th** **July 30-Aug 3rd** **Aug 6-10th**
(please indicate your second choice session even if only one week is desired)

\$225.00 fee (per session) to be enclosed with this application: Yes No

Date received: _____ (to be filled out by HCYC)

Please send to:
Patrick Pabouet
429 Jones Hollow Rd, Marlborough CT 06447
(860 781-7106)/ email; argus06108@aol.com