



CHESTER YACHT CLUB

WOMEN'S LEARN TO SAIL - APPLICATION FORM 2010

Please print fax or mail a signed copy of this form and payment to:

Patricia Finlay
PO Box 850
21 South St.,
Chester, NS B0J 1J0

Ph **(902) 275-3747**
 Fax **(902) 275 2525**
 Em Barkhouse.finlay@ns.sympatico.ca

CONTACT INFORMATION

Name _____

Address _____

City _____ Postal Code _____ E-mail _____

Phone - Winter _____ Summer _____ Other _____

Medical Condition(s) _____

MSI Card Number _____

Emergency Contact _____ Phone _____

COURSE SELECTION

WOMEN'S LEARN-TO-SAIL

June **20 – 24**

Starts on Sunday **20**, 7:00 – 9:00pm

Following nights 6:15 - 9:30pm

Cost		Sailing Course
<input type="checkbox"/> Non-members	\$120.00	<input type="checkbox"/> Basic Sailing Course
<input type="checkbox"/> CYC members	\$ 90.00	<input type="checkbox"/> Advanced Sailing Course
<input type="checkbox"/> Using own boat	\$ 30.00	

Payment method: Cheque (*enclosed - payable to Chester Yacht Club*)
 Visa MC Card # _____ expiry _____

DECLARATION

1. I am aware that there is some risk involved and accept full responsibility should injuries or accidents occur.
2. Chester Yacht Club, its members, management or instructors will not accept responsibility, nor will be held responsible for personal injuries to students.
3. I will be responsible for damages to or loss of equipment caused by the above named student, which in the opinion of the Club is unreasonable.
4. I the student will ensure that I have soft soled, non-marking footwear and a DOT approved life jacket or pfd which I will wear at all times, when on or near the water.

SIGNATURE _____

DATE _____

INFORMATION

Name _____

Briefly describe your previous sailing skills and experience (ie. beginner, intermediate)

What are your expectations from this program?

Are there any specific sailing skills or knowledge that you would like to learn?

How did you hear about AYC Sail Training? _____

If you have boat that you would like to use in the Learn to Sail what model is it.
