| Sailor's Name : |
|---|
| Sailor's email: |
| Sailor's Phone: |
| Grade Age On Team Last Year (Yes or No) |
| I prefer (Skipper or Crew) |
| Sailing experience (Lots, a little, or none) |
| Parent or Guardian Name(s): |
| Address: |
| |
| Phone 1: Phone 2: |
| Email: |
| For Parent/Guardian: I would like to help the team. |
| () Assistant Coach (Note sailing experience) |
| |
| |
| () Help with meals/snacks (Each team provides lunches or snack for one Regatta.) |