

SCC Summer Sailing Program
PROGRAM REGISTRATION FORMS

Student Information

Name _____ Birth Date _____

School _____ Class of _____

Mailing Address _____

Street Address _____

(If different) _____

If applicable:

Student home phone _____ Student cell phone _____

Student e-mail _____

Sailing experience (if first time applicant): _____

Parent Information

Name _____ Name _____

Address _____ Address _____

(If different from student)

(If different from student)

Phone: Home _____ Phone: Home _____

Work _____ Work _____

Cell _____ Cell _____

Email address _____ Email address _____

Parent's Signature _____ Date _____