



**SAILING CENTER CHESAPEAKE SUMMER 2019 ADVANCED RACING CLINIC APPLICATION**

Name: \_\_\_\_\_

High school team, if any: \_\_\_\_\_

Racing experience: \_\_\_\_\_

CBYRA intentions (Y/N): \_\_\_\_\_ (If yes, also turn in CBYRA regatta participation form)

Check one:

Enclosed is my \$200 nonrefundable deposit to secure my spot in the clinic (or paid through Paypal) \_\_\_\_\_

Enclosed is my full \$600 (\$200 nonrefundable) tuition payment (or paid through Paypal) \_\_\_\_\_

I understand the full tuition payment is due by May 24<sup>th</sup> or I may lose my spot in the clinic. Deposits are transferable to other sailors.

Also enclosed are my completed SCC release and consent forms found on the SCC website under the summer programs tab.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_