

Buzzards Sailing School Registration Form

Child's Name _____ Age _____

Parent's Names _____

Summer Address _____

Summer Phone _____

Winter Address _____

Winter Phone _____

Parent's email _____

Summer Session 2008

Sign me up for:

Week 1 6/23__ Week 2 6/30__ Week 3 7/7 __ Week 4 7/14__ Week 5 7/21__ Week 6 7/28__

Week 7 8/4__ Week 8 8/11__

Class levels will be assigned and confirmed by the BSS staff.

Choose program, check one:

Learn-to-Sail Optimist Learn-to-Sail Widgeon Intermediate Optimist

Learn-to-Race Optimist Intermediate Sailing Widgeon 420's

Number of weeks _____ x \$140.00 = \$ _____

20% Optimist Discount (for those bringing own boat) - \$ _____

Intro to Double-handed racing _____ x \$20.00 = \$ _____

BYC Jr. Series, number of single sessions: _____ x \$10.00 = \$ _____

T-shirts - circle the size(s) you would like:

Youth: S, M Adult: S, M, L Quantity _____ x \$15 = \$ _____

Registration Fee: + **\$15.00**

Total Amount \$ _____

If new to the program, please describe swimming ability and previous sailing experience, if any. Class placement will be determined based on the information you provide.

*Confirmation of class level and weeks of enrollment will be made by email or USPS.

Make check payable to: Buzzards Sailing School, Inc. and mail with this form to: The Buzzards Sailing School, P.O. Box 906, Pocasset, MA 02559.

Please note first and last names of the children you are paying for in the lower left corner of the check so that we may properly credit your account.