



Silver Gate Yacht Club
Junior Sailing

Winter/Spring 2018 - Enrollment Application

Sailor's Name _____ Age _____ Birth Date _____
Mother's Name _____ Father's Name _____
Home Phone _____ Work Phone _____
Mother's Cell _____ email _____
Father's Cell _____ email _____
Address _____
City _____ State _____ Zip _____

WINTER/SPRING SESSION DATES:

February 25th	Sunday	April 8th	Sunday
March 11th	Sunday	April 29th	Sunday
March 25th	Sunday	May 6th	Sunday
		May 20th	Sunday

TIME: 9:00am – 3:00pm

Has this sailor participated in our program in the past? _____ When _____

Please describe this sailor's experience: _____

Note: This is not a program for first time beginners. Prior experience required – or approval of the program Director.

Important: Sailor's HEIGHT _____ WEIGHT _____

Signature _____ Date _____

SGYC member number (when billing to account): _____

Fees: \$360.00 (non-members), \$320.00 SGYC members

Please mail Application, Release of Liability, Photographic Release, Medical Consent & Behavior forms, along with session fees to: SGYC Junior Sailing
2091 Shelter Island Dr.
San Diego, CA 92106