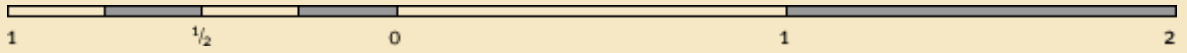




YOUTH SAILING



IYC Youth Sailing Program Application Summer 2009

Name of Applicant: _____

Date of Birth: _____ Approx. weight _____

Name of Parent or Grandparent:

Phones: _____

Current/Mailing Address:

Summer Address(if different):

Summer Phone: _____

Sailing experience and previous instruction
(where, when, what boats):

____ Check here if you are interested in becoming an
Instructors Assistant. This will depend on your age,
experience and the discretion of the Head Instructor.

Will the applicant supply own boat? Boat must pass IYC inspection:
see Mike Meszaros (415) 669-1000 for approval.

Optimist: __ Laser__ FJ__ el Toro__ Sail No.: _____

Is the applicant the child or grandchild of an Inverness Yacht Club
member? ___yes ___no

If so, name of parent family: _____

Check session desired:

To help us create a balance of abilities between the two sessions,
please indicate whether our schedule allows attendance to either
session (and which session that is) or if only one session is
acceptable.

___ Session I, June 29 through July 17

___ Session II, July 27 through August 14

___ I can attend only the one session checked above

___ I can attend either session; my first choice is checked

Please enclose \$675 as payment in full.

Signed: _____

Relationship to applicant: _____

e-mail Addresses:

Yours: _____

Applicant: _____

Other: _____

NOTE: Please complete one set of forms for each student to be enrolled and enclose the waiver form and a check for the full amount of registration.

Return to: Barbara Jones, Registrar, 430 Sequoia Ave., Redwood City, CA 94061.

Refund Policy: A full refund is granted if the student withdraws one week or more before the session starts. There may be a partial refund if withdrawal precedes the beginning of class. No refunds are given once the class has started. **All students must be present on the first day of the session or their application will be considered canceled and all money will be forfeited.**