



Silver Gate Yacht Club
Junior Sailing

Fall 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 _____

FALL SESSION DATES:

September 23rd	Sunday	October 28th	Sunday
September 30th	Sunday	November 4th	Sunday
October 14th	Sunday	November 18th	Sunday
		December 2nd	Sunday

TIME: 9:00AM Check-in 3:00PM Pick-up

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