

NCYC Advanced Race Clinic Application 2019

Sailors Name _____ Age _____

Street Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Club Affiliation: _____ Gender: M F

What Type of boat will you be sailing? Laser _____ Laser Radial _____ 420 _____

For the 2 person boat what is your position? _____

Shirt size: Adult S _____ M _____ L _____ XL _____ Additional shirts (for a fee): S _____ M _____ L _____ XL _____

SAILING BACKGROUND INFORMATION

Years of Sailing Experience: _____

Recent Sailing Results:

FEES

Fees include lodging with a local NCYC member if desired and meals from Wednesday evening check-in through Friday evening. Evening activities are planned. Some off site activities will not be covered by the clinic fees.

Lasers & Radials: \$250

420's : \$450/ boat, \$225/person

Thisles: \$675/boat, \$225/person

Note: We will attempt to house groups together as desired. Please write requests for housing partners in the free space at the bottom of this page.

METHOD OF PAYMENT

Checks may be made per boat or per person. Please specify on the check the participant's names whose fees are being covered by the check.

Checks should be made payable to: **North Cape Yacht Club**

Amount Enclosed: _____ Check #: _____

RETURN APPLICATION AND MEDICAL CONSENT FORM TO:

North Cape Yacht Club

Attn: Leslie Hill

11850 Toledo Beach Road,
Lasalle, MI 48145

Email: sailingdirector@ncyc.net

Phone: (419)350-9000