



APPLICATION FOR SAILING PROGRAM

Date _____ 200_

Course Session requested #_

Student Name _____

Parent Name _____

Address _____

City _____

Postal Code _____

Home Phone # _____ Work Phone # _____

Student's Birth Date _____ Height _____ Weight _____

Family Physician _____

Medical Information _____

Burrard Yacht Club Member Yes _____ No _____

CYA Level held _____

Instruction manuals (required):

 Basic Sailing Skills @ \$20.00 _____

 Course Fee _____

TOTAL PAYABLE \$_____

Method of Payment:

Cash _____ Cheque _____ Charge Member's account _____

Member's Name _____

Signature _____

PLEASE RETURN ASAP