



ECSC SAILING SCHOOL REGISTRATION

ATTENDEE INFORMATION

Last Name:	First:	Age:
Street address:	Zip code:	Phone No:
E-mail: _____, Text (____) _____		
<p>I hereby grant permission for the above named attendee to participate in the ECSC Sailing School Program. I agree that ECSC and members shall be free of any liability for damages, material or personal, arising from the above attendee participation in the program.</p> <p>I further agree to pay boat damage in which the attendee is involved.</p>		
X _____		_____
Sign		Date

- Wednesday 3pm – 7pm
- Saturday 11am – 4pm
- ByAppointment, must be work out with: Date and Time with Christina Williams
- Date(s) _____ Time _____

Tell us about you: (circle one)

1. How good of a sailor are you? Landlubber Intermediate Advanced Popeye

2- How good are your swimming skills? Sink like a rock Some Good Part Fish

3- Have you attended our classes before? Yes No

4- Are you an ECSC member? Yes No

5- Any other comments or any medical concerns?

- Make Check out to: ECSC \$120.00
- Mail to: Wayne Myers ECSC, 516 North Green Street, Brownsburg IN 46112