## Arundel Yacht Club 2009 Junior Sailing Program Registration

Date:				
Student's Name:			Age	
Parent's Name: Address:				
Telephone: Cell Phone: Email:				
AYC Member	Yes	No		
Have you participated	in a sailing progra	am before	Yes No	
Please describe the stud	dent's sailing, boa	ating or wat	erfront experience:	
There are four 2-weel  1. Jun 29 – Jul 10  2. Jul 13 – Jul 24  3. Jul 27 – Aug 7  4. Aug 10 – Aug 2		e choose:		
Select appropriate les Beginner 1 (first Intermediate			nner 2 (returning sailor)	
Program Fees per Ses	ssion:			
- Beginner 1 & 2	AYC Memb	·	Non-member \$125	
- Intermediate	AYC Memb	·	Non-member \$150	
- Advanced	AYC Memb	er \$150	Non-member \$175	

Please include payment and medical form with registration: Arundel Yacht Club, PO Box 328, Kennebunkport, ME 04046

Attn: Jr. Sailing Program