

**2012
NAMEQUOIT SAILING ASSOCIATION
JUNIOR SAILING PROGRAM REGISTRATION FORM**

Sailors name(s) _____ age _____
 _____ age _____
 _____ age _____

Parent(s) Name _____

Winter mailing address _____ Phone _____

 _____ E-mail _____

Summer address _____ Phone _____

Is parent or grandparent a member of NSA? _____
 Name of member _____

Please check the week(s) you would like to enroll in the program-

Date	Morning	Afternoon	Advanced	Adult
6/25-6/29				
7/2-7/6				
7/9-7/13				
7/16-7/20				
7/23-7/27				
7/30-8/3				
8/6-8/10				
8/13-8/17				

Please include a \$50.00 deposit per sailor or the fee for entire amount.
 \$ _____
 Balance will be due the first day of lessons.
 Photographs of our Sailor(s) may be used for media purposes: YES ___ NO ___
 Make checks payable to Namequoit Sailing Association

SEND APPLICATIONS TO: NSA Junior Sailing Program
 C/O Jenny Avellar
 31 Old Timers Lane
 Orleans, MA. 02653 Tel. (508) 255-6198

A confirmation sheet, medical form and waiver will be sent back to you.