

Junior Program Membership Application

Regatta Point Community Sailing, Inc. / PO Box 4008 / Shrewsbury / MA / 01545

Phone: (508) 757-2140/ Fax: (508)757-2195/ www.regattapoint.org

To qualify, children must be between 13-18 or two weeks of Learn-to-Sail Summer Camp

Section 1: Required Information (Please Print Clearly):

Junior Member's Full Name: _____
Last MI First

Local Address: _____ City: _____

State: _____ Zip: _____ Home Phone: (____)____-____ Alternate Phone: (____)____-____

e-Mail: _____ DOB _____

Have you been a member or enrolled in the camp before? Y N

If yes, what programs and years? _____

Emergency Contact 1: _____ Relationship: _____

Day Phone: (____)____-____ Evening Phone: (____)____-____

Emergency Contact 2: _____ Relationship: _____

Day Phone: (____)____-____ Evening Phone: (____)____-____

Physical Handicaps or Allergies: _____ Medication(s): _____

Please list any additional concerns, special needs, or considerations about which we should be aware.

Provide a detailed comment so we can be attentive and helpful:

Section 2 :Volunteering, Social Events & Activities:

Regatta Point Community Sailing is always in need of volunteers for it's programs, social events and activities.

If you are interested in volunteering, please indicate below.

Yes

No Thanks

Most convenient way to contact: _____

Check all that apply:

Social Events

Fund Raising

Maintenance

Transporting Sailors

Other: _____

