

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: _____

