

COLLEGE OF CHARLESTON



Advanced Racing Clinic Application

Session(s) desired:

- intro team race: June 25-26, 2011
- inter team race : July 23-24, 2011
- Fundamentals short course race Aug 27-28, 2011

Please pair me with:

- Skipper
- Crew
- neither –have team set

Skipper's Information

Name _____

Address _____

City

State

Zip

Phone _____ Email _____

Age _____ Height _____ Weight _____ Gender _____

High School _____

Yacht Club/Organization _____

Crew's Information

Name _____

Address _____

City

State

Zip

Phone _____ Email _____

Age _____ Height _____ Weight _____ Gender _____

High School _____

Yacht Club/Organization _____

CHARLESTON ADVANCED RACING CLINIC



Please contact us for special offers on hotels close by the sailing center.

**Greg Fisher 410 212 4916
Fishergv@cofc.edu**

Do you have any special dietary needs?

Please write a brief paragraph on your sailing goals for the next three years:

List your major sailing accomplishments or sailing experience from the past three years:

What is your current training program?

CHARLESTON ADVANCED RACING CLINIC



Payment (submit payment only after you receive notification of your acceptance to the clinic)

The registration fee is \$180 per sailor or \$140/sailor if an entire team of 6 signs up. A deposit of \$100 is required for registration made before May 1, 2011 with the remaining balance due June 15, 2011.

Registrations made after May 1, 2011 will require full payment within seven days of application.

Payment method:

- Check payable to **College of Charleston Sailing**
- Credit card (please complete the information below)

Card type (circle one): Visa / Master Card / AmEx

Name: _____

Card #: _____

Amount: \$_____ Expiration Date:_____ cvc#_____

Signature: _____

Return completed application and payment to:

College of Charleston Sailing
66 George Street
Charleston, SC 29424
Fax: 843-953-6733