



INTERSCHOLASTIC SAILING ASSOCIATION

Founded in 1930

South Atlantic District

MAIL TO:

Tom Monkus/SAISA
P.O. Box 7277
St. Petersburg, FL 33734-7277

2010 - 2011 DUES INVOICE

There is only one type of school membership in the Interscholastic Sailing Association (ISSA): All school members belong to both a District Association and to ISSA, the National Association. All school members have voting privileges in ISSA, and are eligible for all national championships.

MAIL COMPLETED FORM AND CHECK FOR THE DUES TO THE ADDRESS AT THE BOTTOM OF THIS PAGE

DATE: _____

DISTRICT (SAISA) MEMBERSHIP DUES	\$ 25.00
NATIONAL (ISSA) MEMBERSHIP DUES	\$ 85.00
TOTAL DUE.....	\$ 110.00

SCHOOL NAME IN FULL: _____

SCHOOL ADDRESS: (STREET) _____

(CITY/TOWN) _____ (STATE) _____ (ZIP) _____

SCHOOL PHONE: (____) _____ - _____ (FAX) (____) _____ - _____

SCHOOL E-MAIL ADDRESS: _____

NAME OF ADVISOR/COACH: _____ (Advisor: ____ / Coach: ____)

ADDRESS (IF DIFFERENT FROM SCHOOL): _____

(CITY/TOWN) _____ (STATE) _____ (ZIP) _____

PHONE: (____) _____ - _____ FAX (____) _____ - _____

E-MAIL ADDRESS: _____

MAKE DUES CHECK PAYABLE TO: SAISA

SEND ALL CHECKS, AND MAIL REGATTA INFORMATION TO:

NAME: Tom Monkus/SAISA
ADDRESS: P.O. Box 7277
St. Petersburg, FL 33734-7277

E-MAIL ADDRESS: tpmonkus@saisa.org PHONE: (727) 821-9080/B FAX: (727) 388-2698

PLEASE COMPLETE QUESTIONNAIRE ON REVERSE SIDE OF THIS SHEET

A Supporting Member of the United States Sailing Association (US SAILING)

The INTERSCHOLASTIC SAILING ASSOCIATION is dedicated to the nationwide promotion of sailing as a sport among secondary school sailors, to the formation of school sailing teams, and to the organization of school sailing competition.

**PLEASE PROVIDE THE FOLLOWING INFORMATION
ABOUT YOUR SAILING PROGRAM**

THIS INFORMATION WILL BE USED IN THE ISSA DIRECTORY/YEARBOOK – PRINT CLEARLY:

STATUS OF SCHOOL SAILING PROGRAM: _____ VARSITY SPORT _____ CLUB _____ OTHER

(IF "OTHER," PLEASE EXPLAIN) _____

DETAILS OF SAILING PROGRAM:

DIRECTOR OF ATHLETICS: _____

PRINCIPAL OR HEADMASTER: _____

COACH(ES)/ADVISOR(S): _____

WE USUALLY SAIL AT: _____
(NAME OF SAILING FACILITY)

USING THESE CLASS(ES) OF BOATS: _____

TEAM CAPTAIN(S): _____

THE FOLLOWING ARE THE NAMES OF OUR CLUB/TEAM MEMBERS:

name _____ grad year _____ name _____ grad year _____

name _____ grad year _____ name _____ grad year _____

name _____ grad year _____ name _____ grad year _____

name _____ grad year _____ name _____ grad year _____

name _____ grad year _____ name _____ grad year _____

name _____ grad year _____ name _____ grad year _____

name _____ grad year _____ name _____ grad year _____

name _____ grad year _____ name _____ grad year _____

name _____ grad year _____ name _____ grad year _____

name _____ grad year _____ name _____ grad year _____

name _____ grad year _____ name _____ grad year _____

name _____ grad year _____ name _____ grad year _____

name _____ grad year _____ name _____ grad year _____

name _____ grad year _____ name _____ grad year _____

name _____ grad year _____ name _____ grad year _____

PLEASE USE ADDITIONAL SHEETS IF NECESSARY