

MUSCLE SHOALS SAILING CLUB SAILING SEMINAR 2009 APPLICATION

Last Name: _____ First Name: _____

Street _____ City: _____

State: _____ Zip Code: _____

Phone: _____ E-Mail Address: _____

This Seminar will be held at the Muscle Shoals Sailing Club on Lake Wilson

Days 1 & 2: June 6 & 7

Day 3 & 4: June 13 & 14

All sessions are from 9:00 AM to 5:00 PM. Please bring a bag lunch each day as no meals will be provided. Drinks and water will be available.

Registration will be on a first received basis. Class size limitations exist.

Can applicant swim without personal flotation? Yes _____ No _____

Do you have any Sailing Experience? Yes _____ No _____

Who should be notified in case of an emergency?

Name: _____ Relation: _____

Home phone _____ Cell phone _____

Name: _____ Relation: _____

Home phone _____ Cell phone _____

Physician: Name: _____ Phone _____

THE INSTRUCTION AND COURSE MATERIAL FEE IS \$60.00 PER PERSON. ADDITIONAL FAMILY MEMBERS RECEIVE A \$20 DISCOUNT.

Please make checks payable to Muscle Shoals Sailing Club and mail along with a completed application and appropriate release to:

Tommy Glenn MSSC Sail Master
1909 Lynnbrook Dr., Huntsville, AL 35803

Questions? Call Tommy Glenn Phone 256-883-4709 E-Mail tbglenn@gmail.com

Or visit our web Site at: <http://www.mssclub.org>