

**2009
NAMEQUOIT SAILING ASSOCIATION
JUNIOR SAILING PROGRAM REGISTRATION FORM**

Child/Children's name(s) _____ age _____
 _____ age _____
 _____ age _____

Parent(s) Name _____

Winter mailing address _____ Phone _____

 _____ E-mail _____

Summer address _____ Phone _____

Is parent or grandparent a member of NSA? _____

Name of member _____

Please check the week(s) you would like to enroll in the program-

Date	Morning	Afternoon	Racing
6/29 - 7/3			
7/6 - 7/10			
7/13 - 7/17			
7/20 - 7/24			
7/27 - 7/31			
8/3 - 8/7			
8/10 - 8/14			
8/17 - 8/21			

Please include a \$50.00 deposit per child or the fee for entire amount. \$ _____

Balance will be due the first day of lessons.

Photographs of our Jr. Sailor(s) may be used for media purposes: YES__ NO__

Make checks payable to Namequoit Sailing Association

SEND APPLICATIONS TO: NSA Junior Program
 C/O Jenny Avellar
 31 Old Timers Lane
 Orleans, MA. 02653
 Tel. (508) 255-6198

A confirmation sheet, medical form and waiver will be sent back to you.