



Llandudno Sailing Club Sail Training Application 2010



Name: _____

Address: _____

Age (if under 18 years old): _____

Telephone Number(s): Cell Phone: _____ Home Phone: _____

Email Address: _____

Sailing Experience: (Tick as appropriate) None 1 Year 2years +

Sailing Certificates Held:

Type	Level	Comments

Courses Applying for:

Course Name	Start Date	Pre-Requisites	Cost	Choice
Junior Sailing (Fri)	April 23 rd	None	£30 (per 6weeks)	
Adult Begin Sailing (Sat)	April 24th	None	£120 (**£80)	
Begin Racing (Sat)	April 24th	RYA Level 2 or equiv	£120 (**£80)	
Begin Sailing (Week)	July 24 th , 26 th , 27 th , 28 th , 29th	None	£120 (**£80)	
Open Course TBD	Aug 14 th , 21 st , 28 th , Sept 4th	TBD	TBD	

** Note also that trainees MUST be club members ** Reduced for returning trainees*

Signature: _____

Parent/Guardian Signature (if under 18 years old): _____

Date of Application: _____

-----Admin Use Only-----

New Member: Membership Type: _____ Membership Number: _____

Own Boat: Yes/No Boat Class: _____ Sail Number: _____

Club Boat Allocated: Yes/No Boat Class: _____ Boat Number: _____

Instructor Allocated: _____