



# SUMMER SAIL CAMP 2010

## Registration Form

(Form Must Be Filled Out Completely)

Child Name (One child per form) Last \_\_\_\_\_ First \_\_\_\_\_  
 Parent Name Last \_\_\_\_\_ First \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Emergency \_\_\_\_\_  
 Palm Beach Sailing Club Member? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Email: \_\_\_\_\_  
 How did you hear about us? \_\_\_ Boat Show \_\_\_ Marine Flea Mkt \_\_\_ PBSC Member \_\_\_ Web \_\_\_ Other \_\_\_  
 Does your child have any previous sailing experience, camp, private lessons, or racing? \_\_\_\_\_  
 Boat Assignment Information: DOB \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

| <b>Week of:</b>  | <b>AM 9:00-12:00</b> | <b>Full Day 9:00-4:00</b> |
|------------------|----------------------|---------------------------|
| June 7-11        | AM _____             | Full Day _____            |
| June 14-18       | AM _____             | Full Day _____            |
| June 21-25       | AM _____             | Full Day _____            |
| June 28 – July 2 | AM _____             | Full Day _____            |
| July 5-9         | AM _____             | Full Day _____            |
| July 12/16       | AM _____             | Full Day _____            |
| July 19-23       | AM _____             | Full Day _____            |
| July 26-30       | AM _____             | Full Day _____            |
| August 2-6       | AM _____             | Full Day _____            |
| August 9-13      | AM _____             | Full Day _____            |

**\*Complimentary**

**Pre-Care**  
8am – 9 am

**Post Care**  
4pm – 5 pm

### Camp Fees:

#### Members:

- ☼ Morning Session - \$165.00
- ☼ Full-Day Session - \$260.00

#### Non-Members:

- ☼ Morning Session - \$195.00
- ☼ Full-Day Session - \$325.00

*\*Contact PBSC 561-881-0809 or [office@pbsail.org](mailto:office@pbsail.org) for multi-sibling or multi-session discount*

# of Sessions Scheduled \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

One-Time Registration Fee \$20.00 \$ \_\_\_\_\_

Total Amount Due: \$ \_\_\_\_\_

Method of Payment:  Mastercard  Visa  Discover  Personal Check (Payable to PBSC)  Cash

Name as it appears on card \_\_\_\_\_

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Billing Zip \_\_\_\_\_

Signature \_\_\_\_\_

Mail Payments to: Palm Beach Sailing Club, 4600 N. Flagler Drive, West Palm Beach, FL 33407  
Or Fax with Credit Card info. to: (561)881-1424

For more information, contact the Summer Camp Director Don Lasky at [dlasky@pbsail.org](mailto:dlasky@pbsail.org) or 561-351-5784  
or visit our website at [www.pbsail.org](http://www.pbsail.org). You may call our office at (561) 881-0809. Class openings are subject to availability

OFFICE USE: Date \_\_\_\_\_ Amount \_\_\_\_\_ Pmt \_\_\_\_\_ Pkt \_\_\_\_\_ Sch \_\_\_\_\_ Med Release \_\_\_\_\_