Submit by Email | Print Form

www.Planet-Hope.org www.theSailingAcademy.com

# 2013 Youth Summer Camp Registration Form

**Mini Mariners 220.00 (NEW!)**
Ages 5-7
Monday-Friday
9:00am to 12:00pm

**Select dates:**
- ☐ June 17-21
- ☐ June 24-28
- ☐ July 8-12
- ☐ July 15-19

**Youth Dinghy Camp 375.00**
Monday-Friday 10am– 3:00pm
Ages 8-16
**Select course Dates:**
- ☐ June 3-7
- ☐ June 10-14
- ☐ June 17-21
- June 24 (Full)
- ☐ July 8-12
- ☐ July 15-19
- ☐ July 22-26
- ☐ Aug 5-9
- ☐ Aug. 12-16
- ☐ Aug. 19-23

**Live-Aboard Cruising Camp 1065.00**
Sunday Evening– Friday Afternoon
Select Course Dates:
**Jr. High/Middle School**
- ☐ July 7-12
- ☐ August 11-16

**High School**
- ☐ June 23-28
- ☐ July 21-26
- ☐ Aug. 4-9

Student Name _____ _____ _____
First MI Last

Address _____

City_____ State_____ Zip _____

Date of Birth _____/_____/_____ Age _____ Gender: Female Male

Parent Email Address _____

Parent/Guardian _____ _____ (_____)_____-_____
First Name Last Name Phone

By signing this form I understand that once this application is accepted for the week selected above, the $100 registration fee is NON-REFUNDABLE AND NON-TRANSFERABLE. The remaining balance is due no later than one month prior to the start of my child's camp. If for some reason my child cannot attend camp, written notification must be received within one month of camp for partial refund.

**Parent or Guardian Signature**: _____Date____


The Sailing Academy
PHLAS Sailing

PO Box 550
Deale, MD 20751
Phone: 410 867-7177
Fax 410 510-1125
E-mail:
admin@theSailingAcademy.com


**For Official Use Only**
Deposit _____ Paid Date _____
Balance Due _____ Paid Date_____
- ❑ Liability Form Received
- ❑ Medical Form Received
- ❑ Immunization Record Received

**Payment Method:** ❑Check (Made out to PHLAS) ❑Credit card

❑Visa ❑Mastercard Amount of Payment _____

_____
Name on Card: First MI Last

_____
Billing Address (if different from above)

_____ _____ _____
City State Zip code

_____-_____-_____-_____
Credit Card Number

Exp Month_____Exp Year_____ Security code_____

_____ _____
Cardholder Signature Date