

COLLEGE OF CHARLESTON



C420 Advanced Racing Clinic Application

Session(s) desired:

June 23-26

Please pair me with:

Skipper

Crew

neither –have team set

Sailor's Information

Name _____

Address _____

City

State

Zip

Phone _____ Email _____

Age _____ Height _____ Weight _____ Gender _____

High School _____

Yacht Club/Organization _____

The **registration fee** is \$675 per sailor, \$300 for non-sailing adults/chaperones

Payment method:

Paid via online Marketplace

Check payable to **College of Charleston Sailing**

Credit card (please complete the information below)

Card type (circle one): Visa / Master Card

Name: _____

Card #: _____

Amount: \$ _____ Expiration Date: _____ cvc# _____

Signature: _____

Return completed application and payment to:

Mitch Hall
HallsailingLLC@gmail.com