

SAIL TO PREVAIL

The National Disabled Sailing Program

2016 Adaptive Sailing Program GROUP Registration Form

(Please submit one Registration form for *the GROUP*, along with separate current-year WAIVER forms for every individual who will be sailing, including able-bodied parent, guardian, or agency staff.)

TODAY'S DATE _____ **CLIENT TYPE:** Group. Boats needed _____ (up to 5 boats, 5 people max. per boat)
(\$70 per boat)

LOCATION: Newport, RI **PROGRAM:** Instructional (our basic program)
 Recreational (critical illness, severely disabled)

Request: Sun. Mon. Tue. Wed. Thur. Fri. Sat. (Sat/Sun, must be approved by Sailing Director)
TIME: (choose one): 10:00 am–12:00 pm 1:00–3:00 pm (3:00–5:00 pm, must be approved by Sailing Director)

Request for a specific date, recurring day of the week, or time: _____
(Our Adaptive Sailing Program is very busy. We schedule weekly groups from previous years first, and fill in open time slots with individuals. Special STP events may take precedence over regular bookings. Appointments for 3:00-5:00 pm weekday, or any weekends, must be approved by the Sailing Director. We do our best to completely fill our sailing schedule and accommodate days/times requested IF POSSIBLE.)

CONTACT INFORMATION: **Please PRINT CLEARLY.** (All personal information is kept confidential.)

Agency/Group Name _____

Agency Address _____

City _____ State _____ Zip _____

Agency Person arranging this sail _____

Contact info (for schedule change) Email _____ Phone ^{Office} _{or Cell}

	PRINT NAMES of PARTICIPANTS (SAILORS)	13	
1		14	
2		15	
3		16	
4		17	
5		18	
6		19	
7		20	
8		21	
9		22	
10		23	
11		24	
12		25	

Yes, all the signed "Waiver of Liability" forms are attached. (Please submit all *Waiver of Liability forms* with this Registration form. Each person who sails must have a current-year Waiver of Liability on file with Sail To Prevail.)