

⚓ NCYC 2011 Sail Camp Application ⚓

Sailors Name _____ DOB _____ Weight _____

Street Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Affiliation: NCYC Membership # _____ I-LYA/AYC Membership # _____ Non-member _____

Has your child attended sail camp before? _____ No _____ Yes _____ If yes, what level _____

Which camp week do you desire? _____ Second choice? _____

Which level will your child be attending for the desired week? _____

Attend as many classes as you wish; they do not need to be consecutive. A minimum of two weeks is typically required to complete each level; Sail Camp Staff determines advancement. Classes are Monday through Friday, 9 AM -4 PM. **Please note there are a three day and a four day week this summer. Provisions are being set up to accommodate early drop off and late pick up for an additional charge.**

Shirt size: Adult S _____ M _____ L _____ Additional shirts (for a fee): S _____ M _____ L _____ XL _____

Important – The student must be able to swim and be comfortable swimming in a life jacket at the beginning of class.

Tuition:

Members of **NCYC / I-LYA / AYC:** \$175.00 for a 5 day week, \$145/ 4 day, \$115/ 3 day

Non-members: \$200.00 for a 5 day week, \$165/ 4 day, \$130 / 3 day

Note: The cost of additional weeks will be reduced by \$25 / week.

Half (50%) of your child's tuition is due with the application and the balance due one week before the start of the session. **We will not accept payments on Monday mornings.**

Applications are due by May 28, 2011. (A \$50.00 late fee will apply after May 28th.)

Refunds will not be granted after June 6th, 2011.

Applications for additional classes will be accepted throughout the summer, late fee will not apply, but class sizes are limited, therefore placement into desired sessions is on a **first come, first served** basis.

Parent of the Day Options: Please choose one of the following days you can spend on the beach at North Club Yacht Club from 9AM-4PM.

Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____

Parent Name: _____

Signature: _____

Please mail your application to:

Marilyn Mackay
12704 N. Lakeshore
LaSalle, Mi 48145

Phone: 734-243-6026,
Email: jeff6026@charter.net