

# NCYC 2020 Sail Camp Application

**\*\*\*Completed application Must include: Application + Medical Consent Form + Liability/Code of Conduct form.\*\*\***

All forms and informational handouts are available at [www.ncyc.net/sailcamp](http://www.ncyc.net/sailcamp).

Sailor's Name: \_\_\_\_\_ Age: \_\_\_\_\_ (minimum age for camp is 7 yrs)  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Contact email: \_\_\_\_\_

Affiliation: NCYC Membership # \_\_\_\_\_ I-ILYA/AYC Membership # \_\_\_\_\_ Non-member \_\_\_\_\_

Has your child attended sail camp before? No Yes

Has your child received a scholarship? \_\_\_\_\_ NCSS \_\_\_\_\_ MBC \_\_\_\_\_ Other \_\_\_\_\_

Attend as many sessions as you wish; they do not need to be consecutive. Sessions are Monday through Friday 9am to 4pm.

T Shirt size: Youth XS S M L XL Additional shirts \$15.00 each

T-shirt size: Adult S M L XL XXL Grandparent or parent shirt Printed on back \$15.00

**Important - The student must be able to swim & be comfortable swimming in a life jacket.**

Classes: **\*\*\* Beginner - first time at sail camp or unable to sail upwind and downwind without assistance.**

**\*\*\*Intermediate/Advanced - previous sailing experience and able to sail independently.**

Check the week(s) and experience level desired.

Due to safety considerations, there will be a limit to the number of sailors in each session.

Week	Beginner/Intermediate	Advanced
June 22 - 26		N/A
June 29 - July 3		N/A
July 6 - 10		N/A
July 13 - 17		
July 27 - 31		

**Tuition: Members of NCYC / I-LYA / AYC: \$190.00 / week & \$152.00 / 4 day week**

**Non-members: \$220.00 / week & \$176.00 / 4 day week**

Note: The cost of additional weeks or additional children attending camp at the same time will be reduced by \$30.00 / week.

50% of the tuition is due with the application and the balance due on or before the first class.

**Make checks out to North Cape Yacht Club.**

Applications will be accepted throughout the summer but class size is limited; therefore, placement into desired sessions is on a first come, first served basis.

Parent Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Please mail your completed application to:

Kitty Bondy  
6367 Avenue D  
La Salle, MI  
48145

Phone: 734-652-3395  
email: [kbondy55@gmail.com](mailto:kbondy55@gmail.com)