

## NCYC 2022 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 is 7yrs)  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

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

Has your child attended sail camp before? Yes No

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 M-F 9am to 4pm

T-Shirt size **Youth** XS S M L XL Additional shirts \$15.00

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 LIFEJACKET**

**CLASSES: \*\*\*Beginner – first time at sail cam or unable to sail upwind/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 20-24		XXXX
June 27-July 1		XXXX
July 18-22		XXXX
July 25-29		

**Tuition: Members of NCYC / I-LYA / AYC \$200.00 per week**

**Non-members: \$230.00 per week**

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

**\*50% of camp fee is due with application and balance is due on or before the first class\***

**\*\*\*\*\*CANCELLATION FEE WILL BE YOUR DEPOSIT\*\*\*\*\***

**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** [kbondy55@gmail.com](mailto:kbondy55@gmail.com)

**6367 Ave D**

**LaSalle, MI 48145**

**734-652-3395**