

REGISTRATION FORM

Other required forms are available on the website and must be returned prior to start of course.

Return this form and your deposit check, for amounts listed on the first page of this brochure, to:
HHWSP - Box 405 ~ Henderson Harbor, NY 13651

An invoice for any balance due will be sent upon receipt of this form.
All fees must be paid by the start of programs.

STUDENT NAME(s): _____

Date of Birth: _____ Height: _____ Weight: _____

Custodial Parent Name(s): _____

Home Address: _____

Parent Cell: _____ e-mail: _____

Local Address: _____

Swimming **Adult Sail** **Safe Boating** see website for information

Sea Squirts **Seafarers** **Youth Sailing** **Racing**

Session 1 **Session 2** **Session 3**

STEM week 1 week 2 week 3 Week 4 Week 5

Courses: _____

NOTES: _____

HHWSP reserves the right to make the final decision, on class enrollment and levels, based upon demonstrated skills & Class Standards as recommended by US Sailing and boat manufacturers.