

# 2017 Sailing Camp Application

PO Box 550  
Deale, MD 20751  
[www.SailingCamp.org](http://www.SailingCamp.org)  
(410) 867-7177 Phone  
(410) 510-1125 Fax  
reservations@TheSailingAcademy.com



<b>Mini Mariners:</b> Ages 5-7 Monday-Friday	10:00am to 1:00pm	Cost: 259.00
June 19-23	July 17-21	
June 26-30	July 24-28	
July 10-14	August 7-11	
<b>Youth Dinghy Camp:</b> Monday-Friday	10:00am to 3:00pm	Cost: 419.00
June 19-23	July 24-28	
June 26-30 <b>FULL</b>	July 31-Aug 4	
July 3-7	Aug 7-11	
July 10-14 <b>FULL</b>	Aug 14-18	
July 17-21	Aug 21-25**	
<b>Live aboard Cruising Camp:</b> Sunday Evening-Friday Afternoon		Cost: 1125.00
June 25-30	July 30- Aug 4 <b>FULL</b>	
July 16-21		

\*\*Racing Camp! Must have attended dinghy camp this summer

- Please fill out entire application and return to PHLAS Sailing with camp fee (may call with credit card number)
- Make Checks payable to PHLAS Sailing
- Refund policy: 10% refund charge until May 1st. No refunds after May 1st.

T-Shirts are included in camp fee.  
**Please Select Student T-Shirt Size:**

Youth Size: S M L  
Regular Size: S M L XL

**CAMPER'S NAME:** \_\_\_\_\_ Name he/she goes by: \_\_\_\_\_  
Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Camper's Age: \_\_\_\_ Male Female School Grade (going into in fall) \_\_\_\_  
Has your son/daughter previously attended Sailing Camp with PHLAS? If so, which year(s) \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Home phone: \_\_\_\_\_ Wk ph \_\_\_\_\_ Cell ph \_\_\_\_\_

Email: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ Occupation: \_\_\_\_\_

Address (if different) \_\_\_\_\_

Home ph (if different) \_\_\_\_\_ Wk ph \_\_\_\_\_ Cell ph: \_\_\_\_\_

Parents are: Married Separated Divorced

If separated or divorced, Primary contact parent for Sailing Camp: \_\_\_\_\_

### For Official Use Only

Date received \_\_\_\_\_ Staff person taking registration \_\_\_\_\_

Payment Received \_\_\_\_\_ check number \_\_\_\_\_ Credit Card \_\_\_\_\_

Liability/release form received

Medical Form received

Other Notes: