



SEAS CRUISING RESERVATION FORM

Please use this form to reserve a berth on any of the cruises for all chapters. Send a separate form for each person on each cruise along with a deposit check to the cruise coordinator of that cruise. All berths are on a first come first serve basis. For more information for a particular cruise contact the person listed as coordinator for that cruise. Consult the cruising policy for the chapter sponsoring the cruise.

DATES OF CRUISE _____ SPONSORING CHAPTER _____

DESTINATION _____ COORDINATOR _____

RESERVATION FOR:

NAME _____

ADDRESS _____

DAYTIME PHONE _____ EVENING PHONE _____

SEAS CHAPTER AFFILIATION _____

If possible I would like to sail with the following people:

Please check the appropriate boxes for yourself only. Skippers and first mates please attach your sailing resume typed and up to date.

I am willing to skipper one of the boats. I am willing to first mate on this cruise.

Male Female Smoker Snore Handicap (explain) _____

While on the cruise in case of an emergency please contact _____ Phone _____

My sailing experience is as follows (please include approximate number of cruise and sailing days):

On this cruise I would like to learn or improve: _____

On this cruise a skill or skills I would be comfortable teaching is: _____

PLEASE MAKE YOUR RESERVATIONS AS EARLY AS POSSIBLE TO ALLOW THE CRUISE COORDINATOR ENOUGH TIME TO RESERVE THE CORRECT NUMBER OF BOATS.