

Registration Form - Advanced Race Management Seminar

Name: _____

Address: _____

City, State, Zip: _____

Phone: - Home: _____ **Work:** _____

FAX: _____ **Cell:** _____

E-mail Address: _____

If a US Sailing Member, your membership #: _____

If you are in the SAIL area, are you a SAIL Member? _____

For SAIL members and guests outside the SAIL area

by January 15th. \$75.00 _____

For SAIL members and guests outside the SAIL area

late registration \$85.00 _____

For non-SAIL members in the SAIL area add \$15.00 _____

(Includes an annual membership for

Sailing Association of Intermountain Lakes)

For non-US Sailing members _____

who wish to take the test, add \$45.00

(Includes an annual membership for US Sailing)

Total Registration Fees: \$ _____

Mail To: Star Malouff, Commodore SAIL

2777 Kendall Street,

Wheat Ridge, Colorado 80214