

GREENVILLE REC/SAIL MOOSEHEAD SAILING CAMP
2021 REGISTRATION CAMP

SAILOR'S FULL NAME _____

PARENT(S)NAME _____

E-MAIL ADDRESS _____

CELL PHONE# _____

HOME ADDRESS _____

CITY/STATE/ZIP _____

DATE OF BIRTH _____ GROUP-BEGINNER OR INTERMEDIATE

PLEASE CIRCLE WHICH GROUP AND WHICH WEEK

DAYS OF WEEKS ARE MON, TUES, & Thursday

WEEK 1(JULY 12-15)

WEEK2(JULY 19-22)

WEEK3(JULY 26-29)

WEEK4(JULY 26-29)

WEEK5(AUG 2—5)

WEEK6(AUG9-12)

WEEK7(AUG16-19)

MEDICAL CONDITIONS THAT THE STAFF SHOULD BE AWARE OF _____

EMERGENCY CONTACT _____

PARENT(S) SIGNATURE _____

PLEASE MAKE CHECKS OUT TO GREENVILLE RECREATION, P.O. BOX 1109, GREENVILLE, ME
04441

ANY QUESTIONS, PLEASE CALL SALLY AT 207-280-0990

CHILDREN WILL BE GIVEN A SWIM TEST