



Expression of Interest Form Winter Match Racing Programme 2015

Name: _____

Age: _____

Yacht Club: _____

Club Coach: _____

Postal Address: _____

Email: _____

Phone Number (Hm): _____ Phone Number (mob): _____

Sailing Experience (please provide a short paragraph on your previous sailing experience including classes, whether you have done the winter program before etc...)

Goals (what do you hope to achieve out of the Winter Match Racing Programme)

Signed: _____ (sailor) Date: _____

Signed: _____ (parent or Guardian
If under 18) Date: _____

Please return by 17 April 2015 to youth.scheme@rpnyc.org.nz