

# 2019 Sailing Camp Application

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



<b>Mini Mariners:</b> Ages 5-7 Monday-Friday	10:00am to 1:00pm	Cost: 279.00
June 24-28	July 15-19	
July 8-12	August 5-9	
<b>Youth Dinghy Camp:</b> Monday-Friday	10:00am to 3:00pm	Cost: 449.00
June 17-21	July 22-26	
June 24-28	July 29-Aug 2**	
July 8-12	August 5-9	
July 15-19	August 12-16	
<b>Live aboard Cruising Camp:</b> Sunday Evening-Friday Afternoon		Cost: 1125.00
June 23-28 FULL	July 7-12	
	July 21-26 FULL	

\*\*Special: Dinghy Camp + Racing Camp!

- 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: 90% refundable until June 1st. No refunds after June 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: