

SAIL TO PREVAIL

The National Disabled Sailing Program

2019 Adaptive Sailing Program

GROUP Registration Form

(Please submit one Registration form for *the GROUP*, along with separate current-year WAIVER forms for every individual who will be sailing, including able-bodied parent, guardian, or agency staff.)

TODAY'S DATE _____ **CLIENT TYPE:** Group. Boats needed _____ (up to 5 boats, 5 people max. per boat)
(*\$70 per boat*)

LOCATION: Newport, RI

CONTACT INFORMATION: **Please PRINT CLEARLY.** (All personal information is kept confidential.)

Agency/Group Name _____

Agency Address _____

City _____ State _____ Zip _____

Agency Person arranging this sail _____

Contact info (for schedule change) Email _____ Phone Office
 or Cell

	PRINT NAMES of PARTICIPANTS (SAILORS)	16	
1		17	
2		18	
3		19	
4		20	
5		21	
6		22	
7		23	
8		24	
9		25	
10		26	
11		27	
12		28	
13		29	
14		30	
15			

Yes, all the signed "Waiver of Liability" forms are attached. (Please submit all *Waiver of Liability forms* with this *Registration form*. Each person who sails must have a current-year Waiver of Liability on file with Sail To Prevail.)

Sail To Prevail - PO Box 1264, Newport, RI 02840 - 401-849-8898 - For further details, contact:
sailingdirector@sailtoprevail.org