

SAIL TO PREVAIL

The National Disabled Sailing Program

2022 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

Who will be on the water?

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

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.)