

SAIL TO PREVAIL

The National Disabled Sailing Program

2025 Adaptive Sailing Program, Newport, RI AGENCY or 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. How many boats needed? _____ boats x \$70 per boat
(up to 5 boats, 5 people max. per boat) scholarship (must be approved)

DOCK LOCATION: 60 Fort Adams Dr., Newport, RI (No mail receptacle at this address!)

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

Agency Name/Group Name _____

Agency's Address _____

Agency's City _____ State _____ Zip _____

Agency's Office Phone _____

Agency Person arranging this sail _____

Contact info (for schedule change) Email _____ Phone _____
(Prefer a cell phone number for text.)

Who will be **on the water**? Who is disabled? - mark Yes/No by each number. (Up to 5 boats, 5 people max per boat.)

Y/N	PRINT FIRST & LAST NAMES of PARTICIPANTS	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	

Total Disabled participants: _____ Total non-disabled participants: _____

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.)

Payment (\$70 per boat) may be mailed to: Sail To Prevail - PO Box 1264, Newport, RI 02840

For further details or a weather update, contact: sailingdirector@sailtoprevail.org - 401-849-8898 Ext. 3