



GOLD STAR SAILING

Sailing Camp

Application Form 2024

(Applicants must be between 13-19)

Name: _____

Preferred Camp/dates: ____ Ft Lauderdale, FL 9-15 June // ____ Newport, RI 28 July -3 August
If your preferred camp is not available, are you interested in attending the other camp? _____

Age: _____ Gender: _____ Grade Level (as of Sept 2023): _____

Cell Phone: _____ Describe Swimming Ability: _____

Describe Sailing Experience (if any): _____

Parent / Guardian Name: _____

Parent / Guardian personal/home Email Address: _____

Street: _____ City: _____

State: _____ Zip: _____

Parent/Guardian Phone Numbers (to be used during camp): _____

Home: _____ Work: _____ Cell: _____

Name of Hero Represented by Teen: _____

Relationship to Teen Participating: _____

Branch of Service: _____ Unit: _____

My child has permission to attend Gold Star Sailing 2024.

Parent / Guardian's Signature

Date

Questions:

admin@goldstarsailing.org



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1. What do you hope to take away from your experience at Gold Star Sailing? _____

2. Tell us what activities, groups and/or organizations you are involved with in school and within your community.

3. Choose three words that best describe you and explain why.

4. Please tell us why you hope to be selected for the Gold Star Sailing teen sailing camp.

Thank you for applying. We will send a complete registration packet if selected for the Gold Star Sailing Camp.

Please scan and email this form to:
admin@goldstarsailing.org