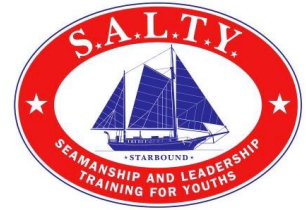




GOLD STAR SAILING



Teen Sailing Adventure
Application Form 2019

Name: _____

Age: _____ Gender: _____ Grade Level (as of Sept 2019): _____

Cell Phone: _____ Describe Swimming Ability: _____

Describe Sailing Experience (if any): _____

Parent / Guardian Name: _____

Parent / Guardian personal/home E-mail Address: _____

Street: _____ City: _____

State: _____ Zip: _____

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

Home: _____ Work: _____ Cell: _____

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

Name(s) of adults(s) authorized to pick-up participant. IDs will be checked and only those listed below will be allowed to pick-up a participant.

Name: _____ Relationship to Child: _____

Name of Hero Represented by Teen: _____

Relationship to Teen Participating: _____

Branch of Service: _____ Unit: _____

My child has permission to attend Gold Star Sailing 2019 Teen Sailing Adventure in Rhode Island, sponsored by S.A.L.T.Y. (Seamanship and Leadership Training for Youths).

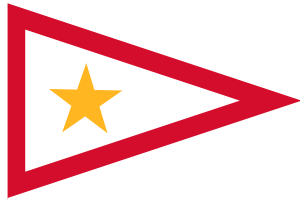
Parent / Guardian's Signature

Date

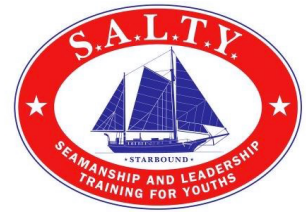
Questions:

Info@goldstarsailing.org

(401) 324-9599



GOLD STAR SAILING



WRITTEN RESPONSE

Applicants: Please answer the following questions.

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

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

3. Please tell us why you hope to be selected for the Gold Star Sailing adventure.

Thank you for applying for the 2019 Gold Star Sailing program. We will send you a complete registration packet if selected for the 2019 Teen Sail Camp. Thank you

Please scan and email this form to:

Admin@goldstarsailing.org