

# Benicia Yacht Club Youth Sailing Program Survey

Name (parent/guardian) \_\_\_\_\_

Email Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Are you a current Benicia Yacht Club member? (check one) Yes                      No

**About students you intend to enroll (current age, check one: New to Sailing or Previous Class Attended -describe, use back of page if more room needed)**

Age \_\_\_\_\_ Experience: New to Sailing                      Previous Class                      Describe \_\_\_\_\_

Age \_\_\_\_\_ Experience: New to Sailing                      Previous Class                      Describe \_\_\_\_\_

Age \_\_\_\_\_ Experience: New to Sailing                      Previous Class                      Describe \_\_\_\_\_

**Potential summer weeks desired (each session is 5 days M-F) check all available weeks**

June 15 thru June 19

July 20 thru July 24

June 22 thru June 26

July 27 thru July 31

June 29 thru July 3

Aug 3 thru Aug 7

July 6 thru July 10

Other (write in) \_\_\_\_\_

July 13 thru July 17

For students 8-10 years old I prefer (check one). Full day program                      Half day program

**Would you be interested in enrolling your child in an open sail program, if they pass the teaching session? having access to use boats under supervision on weekends.**

Saturdays 10 to 2 PM    Yes                      No                      Sundays 10 to 2 PM.    Yes                      No

**Would you like to be contacted about becoming a member of Benicia yacht Club?**

Yes                      No

**Would you like to volunteer to help staff the sailing program?** Yes                      No

**Where do you get or go to for information on programs in Benicia for your children?**

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