

2010
WALNUT VALLEY SAILING CLUB/STEP
YOUTH SAILING APPLICATION

Last Name _____ First Name _____

Street Address _____ City _____ Zip _____

Home Phone _____ Age _____ T-Shirt Size _____

Emergency Contact Person _____ Phone _____

E-Mail address _____

I am a _____ member _____ non-member of Walnut Valley Sailing Club

I wish to enroll in the _____ Youth Program

Session 1- June 14 -July 1 _____

Session 2- July 5 -July 22 _____

Please enclose the non-refundable deposit of \$25, made out to WVSC/STEP with this application.

**Mail to: WVSC Sailing Program c/o Gary Pierce
1431 South 127th Street East
Wichita, Kansas 67207**

Date _____ Signature _____

Parents Signature if under 17 years old. _____