



## LCYC *Sail On* Program Membership Application Form

Please read the *Sail On* program handbook before completing this application for information on fees, boats, reservations and policies.

Member Name \_\_\_\_\_  
LCYC Member # \_\_\_\_\_  
Email \_\_\_\_\_  
Cell \_\_\_\_\_

Other immediate family members who will sail in the *Sail On* Program

Name _____	Relation _____	Age _____
Name _____	Relation _____	Age _____
Name _____	Relation _____	Age _____
Name _____	Relation _____	Age _____
Name _____	Relation _____	Age _____

Member Sailing Experience \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Which *Sail On* fleet boat(s) do you plan on sailing primarily:

- Coronado 15
- International 420
- Sunfish
- Laser
- Optimist
- Pico

How many boats will you and your family use during a single reservation?

- One
- Two

I agree to comply with all the rules and procedures of the LCYC *Sail On* Program and standard safety practices for boating.

Member Signature \_\_\_\_\_  
Member Name \_\_\_\_\_  
Date \_\_\_\_\_