

**PORT WASHINGTON YACHT CLUB
SPRING SAILING CLINIC
2009**

The Port Washington Yacht club is pleased to offer a spring program for sailors seeking to get a head start on summer.

This clinic will focus on Boat Handling and Racing. Boat handling drills will teach sailors with the techniques for sailing upwind, downwind and tacking. Racing will cover starting, rounding the marks and other racing strategies.

Participation in this clinic is optional and currently limited to PWYC sailors. Sailors may participate as their schedule allows. The clinic will be held on Saturday mornings and Sunday afternoons. The times are as follows:

Saturday:

- boats rigged & ready by 9am for a team meeting and launch by 9:30am
- sailors return to dock 12:30, coaching de-brief and finish by 1pm (de-rig after coach meeting)

Sunday:

- boats rigged & ready by 1pm for a team meeting and launch by 1:30pm
- sailors return to dock 4:30, coaching de-brief and finish by 5pm (de-rig after coach meeting)

The clinic will be held on weekends in June and the dates are listed on the attached sign-up sheet. The water is still generally cool at this point in the year, so dress warmly. Wetsuits or drysuits are helpful, but layers under foul weather pants with a spray top will work too. The cost of the clinic shall be \$30 per sailor per session. We need a minimum of 3 sailors per session to offer this price.

Please complete the attached registration form and leave the completed form in the Treasurer's mailbox in Randi's office by May 1st.

PORT WASHINGTON YACHT CLUB
 SPRING SAILING CLINIC
 2009

Sailor's Name: _____

E-mail Address: _____

I plan to participate in the Port Washington Yacht Club Spring Sailing Clinic on the following dates (please complete one form for each sailor):

Date	Participating (mark an x If attending)
June 6 - Saturday am	
June 7 – Sunday pm	
June 13 - Saturday am	
June 14 – Sunday pm	
June 20 - Saturday am	
June 21 – Sunday pm (Father's Day)	
June 27 - Saturday am	
June 28 – Sunday pm	
June 29 –Summer Programs begins!!!	X

I authorize PWYC to bill my account \$30 for each clinic noted above. Please leave this completed form in the Treasurer's mailbox in Randi's office by May 1st.

Please also provide a copy of your 2009 JSA Waiver Agreement.

Date

Member Signature