



VENICE WOMEN'S SAILING SQUADRON

LEARN TO SAIL COURSE

PRE-REGISTRATION FORM

Name _____

What you prefer to be called (name on nametag) _____

Age _____ Height _____ Weight _____

Email _____

Primary Phone number _____

Occupation (if retired, previous occupation) _____

Emergency Contact Name & Phone # _____

Right/Left Handed _____ Swimmer _____

Past Sailing Experience _____

- Never sailed before
- Some instruction on sailing and/or have only crewed on a sailboat
- Experienced sailor and somewhat proficient but want to learn more sailing/racing techniques

Previous boating courses _____

Do you have any physical limitations we should know about before giving you a swim/lift/capsize test?

If yes, please list: _____

Do you have access to a sailboat? _____ If yes, type of boat and size? _____

How did you learn about the Bitter Ends Learn to Sail course? _____

What do you wish to gain by enrolling in the course? _____