



2010 SAILING SCHOOL APPLICATION

STUDENT NAME: _____

Date of Birth: _____ Male Female

Weight (optional if interested in crewing): _____ #

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____

PARENT NAME: _____

CELL PHONE: _____

PARENT EMAIL: _____

STUDENT EMAIL: _____

SUMMER ADDRESS: _____

CITY/STATE/ZIP: _____

EMERGENCY PHONE: _____

SHIRT SIZE: _____

SESSION

AMOUNT

FULL SUMMER – ALL DAY (June 14th – August 6th)

9:00 AM – 4:00 PM

Fee: = \$1,175 if paid by 6/1/2010 _____

Fee: = \$1,225 if paid after 6/1/2010 _____

FULL SUMMER – HALF DAY (June 14th – August 6th)

9:00 AM – 12:00 PM OR 1:00 – 4:00 PM

Fee: = \$720 if paid by 6/1/2010 _____

Fee: = \$775 if paid after 6/1/2010 _____

SESSION 1 – ALL DAY (June 14th – July 9th)

9:00 AM – 4:00 PM

Fee: = \$720 if paid by 6/1/2010 _____

Fee: = \$775 if paid after 6/1/2010 _____

Delavan Lake Sailing School P.O. Box 72 Delavan, WI 53115
 Phone: 262-728-0501 Email: sail.delavanlake@gmail.com
www.delavanlakesailingschool.com



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SESSION 1 – HALF DAY (June 14th – July 9th)

9:00 AM – 12:00 PM OR 1:00 – 4:00 PM

Fee: = \$475 if paid by 6/1/2010 _____

Fee: = \$575 if paid after 6/1/2010 _____

SESSION 2 – ALL DAY (July 12th – August 6th)

9:00 AM – 4:00 PM

Fee: = \$720 if paid by 6/1/2010 _____

Fee: = \$775 if paid after 6/1/2010 _____

SESSION 2 – HALF DAY (July 12th- August 6th)

9:00 AM – 12:00 PM OR 1:00 – 4:00 PM

Fee: = \$475 if paid by 6/1/2010 _____

Fee: = \$575 if paid after 6/1/2010 _____

KINDER PRAM PROGRAM (Fridays, June 25th-August 6th)

Ages 4-6 w/Parent or Guardian

4:00 PM – 6:00 PM

Fee: = \$200 _____

TOTAL = _____

Please return application with payment to Delavan Lake Sailing School, P.O. Box 72, Delavan, WI 53115.

Any questions go to www.delavanlakesailingschool.com,
www.dlyc.com/school.html or call 1-262-728-0501.

****Day Camp Fees and schedule are also available [on http://www.dlyc.com/](http://www.dlyc.com/)

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