



**St. Augustine Yacht Club, Inc.**  
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## SAYC Learn to Sail Clinic Registration Form

Sailor's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone number: \_\_\_\_\_

**Clinic Cost:** BEGINNER CLINIC (6 hrs) - \$75 SAYC Members, \$100 Non-members  
 INTERMEDIATE & ADVANCED (5 hrs) - \$50 SAYC Members, \$75 Non-members  
*\*Pay by cash, check, credit card, or charge to SAYC member account – Paid day of at SAYC\**

**Available Dates (Beginner Clinic - 10am – 4pm, Int. & Adv. Clinics 10am – 3pm):**

<u>BEGINNER CLINIC DATES</u>	<u>INTERMEDIATE CLINIC DATES</u>	<u>ADVANCED CLINIC DATES</u>	<u>ADDITIONAL CLINICS TBD based on demand* (write in clinic level)</u>
Saturday, May 25 <sup>th</sup>	Sunday, July 7 <sup>th</sup>	Saturday, June 22 <sup>nd</sup>	Saturday, June 15 <sup>th</sup> _____
Saturday, June 8 <sup>th</sup>	Sunday, July 28 <sup>th</sup>	Saturday, July 13 <sup>th</sup>	Saturday, June 29 <sup>th</sup> _____
Saturday, July 6 <sup>th</sup>	Saturday, Aug. 24 <sup>th</sup>	Saturday, Aug. 10 <sup>th</sup>	Saturday, July 20 <sup>th</sup> _____
Sunday, Aug. 4 <sup>th</sup>			Sunday, July 21 <sup>st</sup> _____
			Saturday, Aug. 17 <sup>th</sup> _____
			Sunday, Aug. 18 <sup>th</sup> _____
			Sunday, Aug. 25 <sup>th</sup> _____

*\* Clinic level will be determined for the TBD dates based on demand. Please indicate your clinic level preference (beginner, intermediate, or advanced) for any of those dates and we will do our best to accommodate you.*

**Clinic Requirements:**

- Anyone interested must be able to swim and be comfortable in the water.
- Sailing dinghies can be physically demanding and all participants must be able to help lift boats from racks to dollies, have good balance, able to bend under the boom and be prepared to sweat, get wet and muddy.
- Bathing suits and wet shoes are recommended when sailing as well as a change of clothes for after sailing.
- Sunscreen, hats, life jackets, sunglasses, water bottle are recommended as well.

\*NO OUTSIDE FOOD OR BEVERAGES ALLOWED (food and drink available for purchase)

\* All clinic dates subject to change based on interest, availability, and staffing.

\* Clinic types subject to change based on demand.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_