Crew Bank Form

PLEASE PRINT LEGIBLY



Please complete this form and deliver it to PEYC - Attention Fleet Captain, or email it to: fleetcaptain@peyc.ca $\,$

Date:

First Name:	Last Name:	
Cell Number:		
Email Address: I agree to my email address being on the club bulletin board or folder a	ng added to the Racing Email Li	
How many years of sailing expended None 1 to 3 years 3 plus years	rience do you have?	
What type of boat do you have e ☐ None ☐ White Sail ☐ Spinnaker	experience on?	
Please check the areas in which Helming Spinnaker Trim Pit	☐ Mainsail Trim	ills: ☐ Jib/Genoa Trim☐ Mast☐ Navigation
Any additional information you w	ant to provide about your sail	lboat racing experience?
Our racing program runs Wed September and is broken into		_
☐ Summer Series: July 5	u are interested in: , 31, June 7, 14, 21 (<i>Depart o</i> 5, 19, 26, Aug. 2, 16 (<i>Depart o</i> 0, Sept. 13, 20, 27 (<i>Depart do</i>	dock approx. 5:15pm)
Can you commit to the schedule	e(s) you've selected?	□ No
☐ I, (and my parent/legal guar the provided Concussion Reso Concussion Code of Conduct.	ources and have signed the	
☐ I would like more information understand that this is not a re		per of PEYC. I