



**7th Annual Women on Water Regatta
for the
Natalie J. O'Neil Trophy
August 13-15, 2010**

*******Clinic REGISTRATION FORM*******

Clinic: Friday, August 13, 2010

Clinic includes: Classroom & On-the-water Instruction, Debrief Sessions, Breakfast, Lunch, Participant Bag, Event Shirt,
and Classroom Materials.

Participant INFO

NAME _____ US SAILING # _____

ADDRESS _____

HOME # _____ Mobile # _____ EMAIL _____

Item	#	Cost	Total
Clinic U20 Participant: Full Day, Lunch, bag, t-shirt & materials		\$140 per person	
Clinic Coaches Review Participant: Full Day, Lunch, bag, t-shirt & materials		\$100 per person	
Extra event t-shirts		\$10 ea	
Social Ticket: Friday Happy Hour, Saturday Happy Hour / Dinner / Band & Party, Sunday Awards Party**		\$35 pp	
Sunday Awards Party Only		\$7 pp	
Early Registration Credit --- By June 9 th , 2010		-\$10	()
TOTAL			

**Note: Individual Social Tickets by activity are available for purchase at the event.

CC Type / # _____ Exp: _____

Alternative payment methods: Call (313)822-1853 for Credit Card or BYC Account Payments OR send checks payable to Bayview Yacht Club and this form to WOW Regatta Registration, Bayview Yacht Club, 100 Clairpointe, Detroit, MI 48215 USA

Regatta Co-Chairs: Barbara Somes and Lauren Knoles PRO: Trisha Smotherman Organizing Authority: Bayview Yacht Club
Please see byc.com/wow for SIs, NOR, and other details.

Please fax (313)822-8020 or email completed form to wow@byc.com OR

Click the Submit button to email the completed form to wow@byc.com directly.

Please fill out all 3 pages of this form prior to submission.



CLINIC REGISTRATION FORM (continued)

My normal position on a boat is:

I would like to try this position:

I am specifically interested in improving:

Brief Sailing Resume:

Please rank your skills on a scale of 1 to 5, with 1 being "I like to race and race hard" and 5 being "What are the colorful sails called again?"

_____ PLEASE CONTACT ME WITH PRE-TRAINING OPTIONS (Adult sailing, coaching, reading, etc).



CLINIC REGISTRATION FORM (continued)

To the best of your current knowledge, please describe yourself as one of the following:

___ I am only planning on attending the clinic.

___ I am planning on registering an entry in the WOW regatta as the owner/skipper of:

___ a One Design boat entry

___ a chartered boat (U20)

___ a PHRF boat entry (Sunday only)

___ I am already planning on racing in the WOW regatta as a crew member aboard:

___ a chartered boat (U20)

___ One Design boat named: _____

___ PHRF boat named: _____

If applicable, my crew members who are attending the clinic are:

NAMES	PHONE/EMAIL
_____	_____
_____	_____
_____	_____
_____	_____