

**ADVENTURESAIL 2010  
REGISTRATION FORM  
Saturday, July 10<sup>th</sup> 12 Noon  
Breakwater Yacht Club**

**Participant Name** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_  
**Zip Code** \_\_\_\_\_ **Phone** \_\_\_\_\_  
**School/Organization** \_\_\_\_\_  
**Parent/Guardian** \_\_\_\_\_

**I, \_\_\_\_\_ give permission for my child  
To participate in the Adventuresail Regatta  
For At-Risk Youth.**

\_\_\_\_\_  
**Parent Signature**

**Please return this form to:**

**Charlene Kagel**

**320 Noyac Rd**

**Southampton, NY 11968**

**For further information:**

**631-398-4938**

**cgkcpa@gmail.com**

