

**ADVENTURESAIL 2011
REGISTRATION FORM
Saturday, July 9th 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.**

X _____

Parent Signature

Please return this form to:

Charlene Kagel

320 Noyac Rd

Southampton, NY 11968

For further information:

631-398-4938

cgkcpa@gmail.com