

**ADVENTURESAIL 2009
REGISTRATION FORM
Saturday, July 11th 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

