

REGISTRATION

Name: _____ Sail Date: _____

If you haven't sailed with us before, fill out the following information

Address: _____ City/ZIP: _____

Email: _____ Phone # _____

Contact Person: _____ Relationship _____

Email: _____ Phone # _____

Health: physical or mental conditions relevant to this voyage _____

Are you being seen by a physician _____ Are you in a recovery program _____

Do you have special needs, concerns, fears? _____

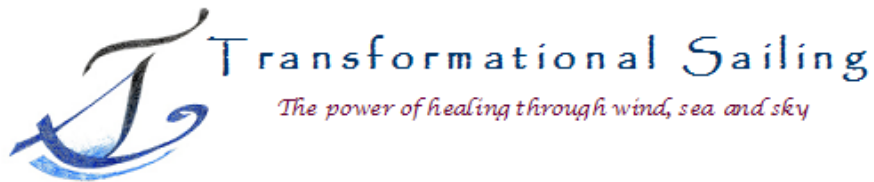
Referred by:

Name: _____ Phone # _____

Email: _____ Organization: _____

Any information you provide is held with the utmost confidentiality. We ask you for this information to be able to provide you with the safest sailing experience possible

When we confirm your registration, fill out the boarding pass below and bring it with you.



VETERANS BOARDING PASS

Welcome aboard the legendary sailing vessel AMAKUA

Sailing is known to transform external stresses into internal peace.

Sailing out of Travis Marina, Ft Baker, Sausalito, CA Date: _____ Time _____

Contact: _____ Phone: _____

email: _____