



COURSE ENROLLMENT FORM 2016

LAST Name _____ FIRST Name _____

Course/Trip _____ Date _____

PERSONAL INFORMATION

Address _____ Zipcode _____

_____ Country _____

Mobile _____ Sex /Gender Female / Male

Home/Work _____

Email _____ T-shirt size
(unisex)* M * L * XL

Occupation _____ Nationality _____

Place of birth _____

Swimming ability more
Yes / No

Date of birth _____

PREVIOUS SAILING EXPERIENCE

Previous Second Star Sailing Courses? Yes / No

(you may also include other water-based sports such as scuba or windsurfing, they all add to your comfort on the water)

**Certifications
& Classes**

**Mileage,
Experience**

(describe briefly
or add a copy of
logbook)

My Medical and Emergency contact forms have been submitted Yes / No

I have read and understand Second Star Sailings' Course/Trip policies
I have read and understand Second Star Sailings' Booking policies and conditions

Signed _____ Date _____