



Clear Lake Sailing Club

Clear Lake Sailing Club
P.O. Box 580312
Houston, TX 77258
info@clearlakesailingclub.org

MEMBER INFORMATION

Name: _____ Address: _____

Phone: _____ Email: _____

EMERGENCY CONTACT

Name: _____ Relationship: _____ Phone: _____

Boat(s) Owned:	Sail#:	Boat Name:
_____	_____	_____
_____	_____	_____

I am most interested in these club activities:

- | | |
|---|---|
| <input type="checkbox"/> Basic Sailing classes | <input type="checkbox"/> Racing |
| <input type="checkbox"/> Intermediate Sailing classes | <input type="checkbox"/> Recreational sailing |
| <input type="checkbox"/> Sailing with children | <input type="checkbox"/> Race Committee Boat Assistance |
| | <input type="checkbox"/> Other(Specify) _____ |

I am interested in these Volunteer Opportunities:

- | | |
|--|--|
| <input type="checkbox"/> Assisting in Education Programs | <input type="checkbox"/> Publicity |
| <input type="checkbox"/> Race Committee Boat Assistance | <input type="checkbox"/> Waiting for The Great Pumpkin Regatta |
| <input type="checkbox"/> Organizing special activities | <input type="checkbox"/> Other(Specify) _____ |

How did you hear about us? _____

By signing this form, I hereby release the Clear Lake Sailing Club, its officers, and Race Committee from all liability for personal injury to myself, my family, and crew; and for any loss or damage to my boat or other personal property through participation in events conducted by the Clear Lake Sailing Club.

Signature _____ Date _____

MEMBERSHIP

Membership year runs from April 1 through March 31 of the following year. YEAR _____

Make check payable to CLSC (Clear Lake Sailing Club) and mail or email to the address above.

Racing membership: \$75 \$ _____

Student membership (for those taking the Introduction to Sailing Class): \$75 \$ _____

Beginning Sailing Class Boat Use: \$20 \$ _____

Date Payment Received by CLSC Officer: _____ Total \$ _____