



Sailingclub Jollenhaven de Waolenwiert

Send/mail form to the treasurer, Johan Haverkort
Ellecuyngaard 12, 6227 EA Maastricht, 043-3616046, penningmeester@waolenwiert.nl

Registerform Members and/or Youth sailcourse participants

Member* / Member with boat*

Name: _____ Birthdate: _____

Adress: _____

Postal code and city: _____ Phone. nr: _____

Emailadress: _____

Boat: Yes* / No*

Type sailboat: _____ with* / without* Foresail

For boats with foresail at least 1 crew member is obligatory!

Supplements: Surfboard or Canoe: Yes* / No* ; extra trailer: Yes* / No*

Crew member(s)

Name 1: _____ Birthdate: _____

Adress: _____

Postal code and city: _____ Phone. nr: _____

Name 2: _____ Birthdate: _____

Adress: _____

Postal code and city: _____ Phone. nr: _____

Youth sail course Optimist (min. age 8 years)

(For all participants, membership of the Waolenwiert is obligatory; see top part of this form)

Name 1: _____ Desired course: CWO I* / II* / III*

Birthdate: _____ Birthplace: _____

Name 2: _____ Desired course: CWO I* / II* / III*

Birthdate: _____ Birthplace: _____

Name 3: _____ Desired course: CWO I* / II* / III*

Birthdate: _____ Birthplace: _____

Club support (we need several volunteers)

I am prepared to help the sailing club as volunteer with the following:

Sport/match activities* - Youth sail activities* - terrain activities*

Date: _____ Signature: _____

(*strikethrough what is not applicable)

www.waolenwiert.nl

