



**CONTACT INFORMATION/RESERVATION FORM**

<b>SCHOOL/ORGANIZATION NAME:</b>	
<b>CONTACT NAME:</b>	
<b>ADDRESS:</b>	
<b>CITY, STATE ZIP:</b>	
<b>SCHOOL NUMBER:</b>	
<b>FAX NUMBER:</b>	
<b>GRADE:</b>	
<b>EMAIL:</b>	
<b>CELL NUMBER:</b>	
<b>HEAD COUNT:</b>	<b># OF STUDENTS, # OF ADULTS</b>

**PORT INTERESTED IN:** \_\_\_\_\_

**DATES INTERESTED IN:** \_\_\_\_\_

**PLEASE SELECT YOUR PREFERRED PROGRAM/TIMES:**      [DOCKSIDE:](#) 9:00-10:00, 10:00-11:00, 11:00-12:00,

[SAILING:](#) 12:30-3:30

OFFICE USE ONLY: \_\_\_\_\_

**DATE RECEIVED:** \_\_\_\_\_

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