
CISA *Multihull* Clinic

November 23-25, 2007

APPLICATION

Deadline: November 15, 2007

Clinic Fee is \$150 per person (payable to CISA)
If you don't have a teammate, CISA will pair you up.

Skipper

Name:

Address:

City:

State:

Zip:

Telephone:

E-mail:

Age:

Yacht Club:

US Sailing number:

All applicants must be members of US Sailing

Crew

Name:

Address:

City:

State:

Zip:

Telephone:

E-mail:

Age:

Yacht Club:

US Sailing number:

All applicants must be members of US Sailing

HOUSING

I/we need housing: **Yes** **No** if not, please tell us where you will be staying:

Name: _____ Phone: _____

Address: _____ City: _____

Can you provide housing for visiting sailors? How many visiting sailors can you house? _____

TRANSPORTATION

If you are arriving by plane, please complete below so we can arrange for someone to greet you at the airport!

Arrival: date: _____ Time: _____ Airline & flight # _____ Airport _____

Departure: date: _____ Time: _____ Airline & flight # _____ Airport _____

Please download the medical release and liability release from the CISA website
www.cisasailing.org and send with this form by **November 1, 2005** to:

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