

2017 Sailing Camp Application

PO Box 550
Deale, MD 20751
www.SailingCamp.org
(410) 867-7177 Phone
(410) 510-1125 Fax
reservations@TheSailingAcademy.com



Mini Mariners: Ages 5-7 Monday-Friday	10:00am to 1:00pm	Cost: 259.00
June 19-23	July 17-21	
June 26-30	July 24-28	
July 10-14	August 7-11	
Youth Dinghy Camp: Monday-Friday	10:00am to 3:00pm	Cost: 419.00
June 19-23	July 24-28	
June 26-30	July 31-Aug 4	
July 3-7	Aug 7-11	
July 10-14	Aug 14-18	
July 17-21	Aug 21-25**	
Live aboard Cruising Camp: Sunday Evening-Friday Afternoon		Cost: 1125.00
June 25-30	July 30- Aug 4	
July 16-21		

**Racing Camp! Must have attended dinghy camp this summer

- Please fill out entire application and return to PHLAS Sailing with camp fee (may call with credit card number)
 - Make Checks payable to PHLAS Sailing
 - Refund policy: 10% refund charge until May 1st. No refunds after May 1st.
- T-Shirts are included in camp fee.
Please Select Student T-Shirt Size:
- Youth Size: S M L
Regular Size: S M L XL

CAMPER'S NAME: _____ Name he/she goes by: _____
Birth Date ____/____/____ Camper's Age: ____ Male Female School Grade (going into in fall) ____
Has your son/daughter previously attended Sailing Camp with PHLAS? If so, which year(s) _____

Mother's Name: _____ Occupation: _____

Address: _____ City: _____ State ____ Zip _____

Home phone: _____ Wk ph _____ Cell ph _____

Email: _____

Father's Name: _____ Occupation: _____

Address (if different) _____

Home ph (if different) _____ Wk ph _____ Cell ph: _____

Parents are: Married Separated Divorced

If separated or divorced, Primary contact parent for Sailing Camp: _____

For Official Use Only

Date received _____ Staff person taking registration _____

Payment Received _____ check number _____ Credit Card _____

Liability/release form received

Medical Form received

Other Notes: