



South Lake Tahoe Windjammers Yacht Club
Sailing Skill Clinic Application

Name: _____ Phone: _____

Mailing Address: _____

Email (for confirmation): _____

Please answer the following questions:

1. Sailing Experience

- a. Novice: Little or no experience
b. Passenger: Have been on a sailboat many times, but have not actively participated
c. Intermediate: Experience either as a helms person or active crew. Know how to tack and jibe and what's expected as a crew member.

2. Please list the types of boats you've sailed on: _____

3. Are you a boat owner? Yes _____ No _____

4. Is your spouse/partner an active sailor? Yes _____ No _____

5. How frequently do you sail? Never _____ Occasionally _____ Often _____

6. Sailing Goals – Long or Short Term (Check all that apply)

- a. Be comfortable sailing on friends or family's boats. Actively participate while sailing
b. Sail with spouse or partner on Lake or Bay and be comfortable taking guests
c. Crew on a racing sailboat on Lake or Bay in beer can or club races
d. Skipper a racing sailboat on Lake or Bay in beer can or club races
e. Buy sailboat for day sailing on Lake or Bay
f. Buy larger cruising sailboat to sail on the ocean

7. List 3 things you would like to learn from this clinic: _____

8. Special Requests (ie: same boat as friend) _____

Please include check with your application (Lunch is included)

SLTWYC member \$35.00 _____

Non-member \$45.00 _____

Mail to: SLTWYC
c/o Debbie Noorda
PO Box 8590
South Lake Tahoe, CA 96158

For More Information Contact:
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An Email Confirmation will be send with further information