

SAUGATUCK YACHT CLUB SAILING PROGRAM APPLICATION FOR PROGRAM SCHOLARSHIP

Please fill out the following information and return to the Sailing Director at
sailingdirector@saugatuckyachtclub.com

Parent/ Guardian name: _____

Phone Number: _____ Email: _____

Member of Saugatuck Yacht Club? Yes _____ No _____

Name of Student: _____

Age of Student: _____

Has the student participated in the sailing program before? Yes _____ No _____ Reason of
requesting scholarship: _____

Dates requested to participate in program: _____

General program information & requirements:

- Children must be able to swim to participate in the program. A swim test is given at the start of the class session.
- A life jacket and water shoes are required.
- Other program information will be sent after program registration is complete.

Request approved by: _____ Date: _____