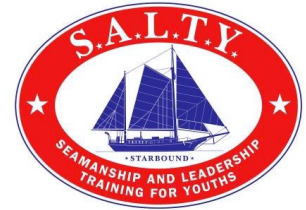




# GOLD STAR SAILING



Teen Sailing Adventure  
Application Form 2018

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade Level (as of Sept 2018): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Describe Swimming Ability: \_\_\_\_\_

Describe Sailing Experience (if any): \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_

Parent / Guardian personal/home E-mail Address: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Phone Numbers (to be used during camp): \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

What do you hope to take away from your experience at Gold Star Sailing adventure? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name(s) of adults(s) authorized to pick-up participant. IDs will be checked and only those listed below will be allowed to pick-up a participant.

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name of Hero Represented by Teen: \_\_\_\_\_

Relationship to Teen Participating: \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Unit: \_\_\_\_\_

My child has permission to attend Gold Star Sailing 2018 Teen Sailing Adventure in Rhode Island, sponsored by S.A.L.T.Y. (Seamanship and Leadership Training for Youths).

\_\_\_\_\_  
Parent / Guardian's Signature

\_\_\_\_\_  
Date

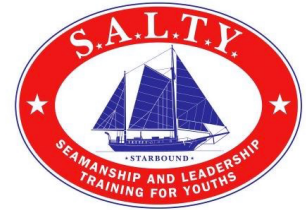
Questions:

[Info@goldstarsailing.org](mailto:Info@goldstarsailing.org)

(401) 324-9599



# GOLD STAR SAILING



## WRITTEN RESPONSE

Applicants: Please answer the following questions.

1. Tell us what activities, groups and/or organizations you are involved with in school and within your community.

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2. Choose three words that best describe you and explain why.

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3. Please tell us why you hope to be selected for the Gold Star Sailing adventure.

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4. Thank you for applying for the 2018 Gold Star Sailing program. We will send you a complete registration packet if selected for the 2018 Teen Sail Camp.

Please scan and email completed form to:

[Registration@goldstarsailing.org](mailto:Registration@goldstarsailing.org)