



CHICAGO CORINTHIAN
YACHT CLUB®

2018 Youth Sailing Application

PLEASE PRINT

Participant's Name: _____ Age: _____

Parents Name(s): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

CCYC Membership Status:

Regular Member: _____ Crew Member: _____ Non-CCYC Member: _____

If not a CCYC Member, name of sponsoring member: _____

Fees:

Jr. Fleet

CCYC Reg. Member (\$80):____ CCYC Crew Member (\$115):____ Non-CCYC Member (\$165):____

Race Team

CCYC Reg. Member (\$110):____ CCYC Crew Member (\$145):____ Non-CCYC Member (\$195):____

Volunteer Opportunities (Please check one or more):

Special Events: ____ Maintenance:____ Dock Support:____ Social:____

I have read and understand the Parental Responsibilities and agree to these requirements:

Parent's Signature: _____ Date: _____

Make check payable to: **CCYC Junior Fleet**

Return this completed form and payment to:

Mitch Polgar
5430 N. Winthrop,
Chicago, IL 60640

juniorsailing@corinthian.org