



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)

WYC member \$35.00 _____

Non-member \$45.00 _____

Mail to: WYC

c/o Debbie Noorda

PO Box 8590

South Lake Tahoe, CA 96158

For More Information Contact:

Lynn Woodward: (530) 544-1482

potterybylynn@gmail.com

Debbie Noorda (530) 318-0223

russdebbie@gmail.com

An Email Confirmation will be send with further information