



Waikiki Sailing School Registration Form

I enclose \$_____ for the course/charter indicated below.
Please make check payable to Waikiki Sailing School, LLC.

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Best time to reach you: _____

Email: _____

This reservation is for _____ (No.) of people.

I was referred to Waikiki Sailing School by:

My/Our Sailing Experience is: _____

Age of participants: Under 18 _____ (No.) 18-30 _____ (No.)

35-50 _____ (No.) Over 50 _____ (No.)

Choice of first sailing date: _____ Alternate date: _____

Yacht Choice: _____ Second Choice: _____

Description of course/charter you are interested in:

If you should have any questions please call Captain Matt Merrill at
808.382.4437 or E-mail: captainmattm@yahoo.com