



Marco Island Yacht Club Sailing Center and
Marco Island Community Sailing Center

PROGRAM APPLICATION

Student Name _____ Nickname _____

Date of Birth _____ New Student _____ Returning _____

Date of Session/s _____

Previous Sailing Experience _____

Parent/Guardian _____

Primary Phone _____ Secondary Phone _____

Primary Email _____ Secondary Email _____

Primary Address _____

Summer Address _____

Emergency Contact 1(Name/Phone) _____

Emergency Contact 2 (Name/Phone) _____

Mode of transportation to sailing program (please circle)

Walking/Biking Parent/Adult Driving Other _____

A completed application must include:

1. Program Application
2. Payment in full Checks made Payable to: Marco Island Yacht Club Sailing Center
3. Signed Medical Form
4. Signed Waiver Form

Return All Forms and Check by Mail to:

Dwyn von Bereghy

1501 Honeysuckle Ave Marco Island FL 34145

Updated 2/17/23