REGISTRATION & INDEMNITY FORM: PRIVATE INSTRUCTION

NAME:		M/F (circle one)	Age
	Summer	Winter	
Address			
City/State/Zip			
Telephone _			
Cell Phone			
Email			
Select Date and Ti	ime:		
Sessions are to be s	scheduled with the instructor and	d St. George Sailing.	
"SGCSF". 1	make check payable to "St. Geo Payment may be made to the instrbor, ME 04860. The rate is \$6	structor or mailed to SGCSF,	
Foundation associated value to protect as instructors,	I agree to make no claims again, or any of its officers, directors, volunteers, for loss of or damage and indemnify the Foundation and representatives, or associated veinjury caused by me.	e to any person or persons or judits officers, directors, employees, instructors, employees, directors, employees, employ	esentatives, or property, and oyees,
Signature:			
Date:			
	sign for minor child)		

Every student must fill out and submit this form. Thank you.