



Name of Youth: _____

Best phone # to reach you on: _____

Age (as of May 1st, 2017): _____

Referring youth worker or teacher: _____

Place of residence/address (**and postal code**) as at 05/01/2017:

Are you a first time sailor? (circle one) **Y** **N**

If no, how many days' experience have you had and how long ago? _____

Please give reasons **why you** want to participate in the 'Wind in Your Sails' program (youth's words only please):

Can you be available **every** Tuesday evening from 4:00pm – 7:00pm from May 16 – June 20? **Y**
N

Please list any previously known conflicts with these days:

Are you able to meet at the Central Okanagan Sailing Association located at 4220 Hobson Rd, Kelowna on these dates? If no, see next question.

Y **N**

Are you able to meet at a central location (Orchard Park bus station) or Rutland 7-11 for transport to the program?

Y **N**

Mail to: PO Box 20071 Towne Centre, Kelowna BC, V1W 9H2 or info@elevationoutdoors.ca
Deadline: April 25, 2016