|  |
| --- |
| Name  Parent name  Address  Telephone number  E-mail address |

|  |
| --- |
| Date of birth |

|  |
| --- |
| Boat Number and name  Topper or Optimist  (circle option applicable) |

|  |
| --- |
| Water confidence scale:- 1 2 3 4 5  *1 is low. Circle the appropriate number.* |

|  |
| --- |
| Sailing qualifications already gained and when achieved |

|  |
| --- |
| Sailing experience over the last year if any. |

|  |
| --- |
| For child – What do you wish to gain by attending Optimist Week? |

|  |
| --- |
| How many races over the last year? |