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| --- |
| Name Parent nameAddress Telephone numberE-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.* |

|  |
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| 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? |