



Waikiki Sailing School Registration Form

I enclose \$ _____ for the course(s) indicated below.

Please make check payable to Waikiki Sailing School, LLC.

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Best time to reach you: _____

Email: _____

This reservation is for _____ (No.) of people.

I was referred to Waikiki Sailing School by:

My/Our Sailing Experience is: _____

Number of participants in each AGE group:

Under 18 _____ 18-30 _____ 35-50 _____ Over 50 _____

Choice of first sailing date: _____ Alternate date: _____

Yacht Choice: _____ Second Choice: _____

Description of course that you are interested in:

If you should have any questions please call Captain Matt at 808.382.4437 or E-mail: waikikisailingschool@yahoo.com.

This form can be submitted via email to waikikisailingschool@yahoo.com
Or via U.S. Mail at P.O. Box 8880 Honolulu, HI 96830.