



JUDD GOLDMAN ADAPTIVE SAILING PROGRAM

Applicant Name _____ Date of Birth _____

Street Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Work/Cell Phone _____

E-mail Address _____

Emergency Contact Name and Relationship _____

Emergency Contact Home Phone _____ Work/Cell Phone _____

Nature of Physical Disability _____

Check one: Returning JGASP Sailor New JGASP Sailor

If returning sailor, when did you last take lessons? _____

***** Please note that there will be no refunds after lessons have begun. Due to availability of staff and weather, the full set of lessons may not be completed by the end of the season. Incomplete lessons will not rollover to next season.**

Payment may be made by cash, check, or credit card - **payable to Chicago Park District.**

In person: Judd Goldman Adaptive Sailing Center
 1362 Lynn White Drive
 Chicago, IL 60605
 (312) 747-7684

Mail address: Judd Goldman Adaptive Sailing Program
 c/o Chicago Park District
 541 N. Fairbanks, 3rd Floor
 Chicago, IL 60611

For office use only:

Lesson dates/ times reserved: _____

Type of payment: _____ *cash* _____ *check no.*

Credit: MC VISA AMEX

Credit card # _____ *Exp. Date* _____

Scholarship status: _____ *applied* _____ *approved/ denied*