

GUST



MEMBERSHIP REGISTRATION

Sailor's Name: _____

Date of Birth: _____ Sex: ____ Club Affiliation: _____

Address: _____

City/State/Zip: _____

Email Address: _____

Home Phone: _____ Mobile Phone: _____

Fees:

GUST Sailing Membership \$300 _____
(All camps, clinics & regatta coaching – no additional fees)

OR

GUST Racing Team Membership \$100 _____
(Only Racing Team events & regatta coaching – additional fees at events)

Damage Deposit \$100 (*separate check*) _____ \$100.00

Make checks payable to: "GUST"

Please send two separate checks - one for membership, one for deposit

We will hold the deposit and shred if not needed, unless this box is checked:

Do not hold/shred deposit: []

Mailing Address:

GUST
c/o Jeff Gerken
24601 W Pheasant Ct
Viola, KS 67149