

***SAILING WITH THE BLIND***

***Registration Form 8/18/19***

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| **Name:** |  | **Phone:** |  |
| **Address:** |  | **E-mail:** |  |
| **Are you visually impaired?** |  | **Is this your first time to this event?** |  |
| **Are you part of a group?** |  | **If so, what is the group name?** |  |
| **Do you have a companion joining you?** |  | **If so, name of companion?** |  |

**E-mail forms to Angie:**

sailingwiththeblind@gmail.com