



Try-Sailing Booking Form

Teachers Name:
 School
 School Address.....

 Phone
 Email.....
 Class level
 Number of Students in Class/Group
 Age Range within the Group

Please Select **either:** Taste of Sailing or Half Day Sailing Experience
 And enter your preferred date below.

'Taste of Sailing'	
Please Select 3 sessions in order of preference 1,2,3:	
Mon May 25th 2009	AM <input type="checkbox"/> PM <input type="checkbox"/>
Tue May 26th 2009	AM <input type="checkbox"/> PM <input type="checkbox"/>
Wed May 27th 2009	AM <input type="checkbox"/> PM <input type="checkbox"/>
Thu May 28th 2009	AM <input type="checkbox"/> PM <input type="checkbox"/>
Fri May 29th 2009	AM <input type="checkbox"/> PM <input type="checkbox"/>
Tue Jun 2nd 2009	AM <input type="checkbox"/> PM <input type="checkbox"/>
Wed Jun 3rd 2009	AM <input type="checkbox"/> PM <input type="checkbox"/>
Thu Jun 4th 2009	AM <input type="checkbox"/> PM <input type="checkbox"/>
Fri Jun 5th 2009	AM <input type="checkbox"/> PM <input type="checkbox"/>

1/2 Day Sailing Experience onboard the 'Lord Rank'	
Please Select 3 sessions in order of preference 1,2,3:	
Thu May 28th 2009	AM <input type="checkbox"/>
Fri May 29th 2009	AM <input type="checkbox"/> PM <input type="checkbox"/>
Tue Jun 2nd 2009	AM <input type="checkbox"/> PM <input type="checkbox"/>
Wed Jun 3rd 2009	AM <input type="checkbox"/> PM <input type="checkbox"/>
Thu Jun 4th 2009	AM <input type="checkbox"/> PM <input type="checkbox"/>
Please note: Two accompanying adults are required.	

Please Return Form by Fri 24th April

1. By Fax + 353 91 539484
2. Or By Email to trysailing@letsdoitschools.com
3. Or Post to Let's Do It Schools, Volvo Ocean Race Galway Stopover, 1-5 Merchants Road, Galway, Ireland.

