

PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT YOUR SAILING PROGRAM.

THIS INFORMATION WILL BE USED IN THE ISSA MEMBERSHIP DIRECTORY/YEARBOOK:

STATUS OF SCHOOL SAILING PROGRAM: VARSITY SPORT CLUB OTHER

(IF "OTHER," PLEASE EXPLAIN) _____

SCHOOL OFFICIALS:

PRINCIPAL OR HEADMASTER: _____

DIRECTOR OF ATHLETICS: _____

DETAILS OF SAILING PROGRAM:

COACH(ES): _____

ADVISOR(S): _____

WE USUALLY SAIL AT: _____
(NAME OF SAILING FACILITY)

USING THESE CLASS(ES) OF BOATS: _____

TEAM CAPTAIN(S): _____

LIST ALL THE NAMES OF CLUB/TEAM MEMBERS:

(Note: For any team members who wish to receive their own copies of the ISSA Newsletter, please include \$5.00 per subscription and provide member's complete mailing address.)

name _____	grad year _____	name _____	grad year _____
name _____	grad year _____	name _____	grad year _____
name _____	grad year _____	name _____	grad year _____
name _____	grad year _____	name _____	grad year _____
name _____	grad year _____	name _____	grad year _____
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name _____	grad year _____	name _____	grad year _____
name _____	grad year _____	name _____	grad year _____

PLEASE USE ADDITIONAL SHEETS IF NECESSARY FOR COMPLETE ROSTER
AND FOR ADDRESSES FOR ADDITIONAL NEWSLETTERS AT \$5.00 PER SUBSCRIPTION PER YEAR