



Treasure Island Sailing Center 2018 Summer Group Orientation Registration

Organization Name: _____ Contact Name: _____

Phone: _____

Email: _____

REGISTRATION

Summer Group Orientations: These three hour trips allow youth a chance to get out on the water on a larger boat with a TISC instructor. Indicate in the boxes below your preference for program dates with a "1" for 1st preference, a "2" for 2nd preference and a "3" for 3rd preference. If your group is interested in multiple sessions, please contact the program director at programs@tisailing.org or by calling the office at 415.421.2225.

- Orientations are offered on Mondays through Thursdays for **a maximum of 15 students/session.**
- Orientation fees are \$30 per student. Full and partial scholarships are available.

Number of Students Attending: _____ Age Range: _____

Please indicate your preferred program dates below:

Date	Time		Date	Time		Date	Time
Mon. June 11	9-12		Fri. June 22	9-12		Mon. July 23	1-4
OR	1-4		OR	1-4		Tues. July 24	1-4
Tues. June 12	9-12		Mon. June 25	1-4		Wed. July 25	1-4
OR	1-4		Tues. June 26	1-4		Thurs. July 26	1-4
Wed. June 13	9-12		Wed. June 27	1-4		Mon. July 30	1-4
OR	1-4		Thurs. June 28	1-4		Tues. July 31	1-4
Thurs. June 14	9-12		Mon. July 2	1-4		Wed. Aug. 1	CLOSED
OR	1-4		Tues. July 3	1-4		Thurs. Aug 2	1-4
Fri. June 15	9-12		Wed. July 4	CLOSED		Mon. Aug 6	1-4
OR	1-4		Thurs. July 5	1-4		Tues. Aug7	1-4
Mon. June 18	9-12		Mon. July 9	1-4		Wed. Aug 8	1-4
OR	1-4		Tues. July 10	1-4		Thurs. Aug 9	1-4
Tues. June 19	9-12		Wed. July 11	1-4		Mon. Aug 13	1-4
OR	1-4		Thurs. July 12	1-4		Tues. Aug 14	1-4
Wed. June 20	9-12		Mon. July 16	1-4		Wed. Aug. 15	1-4
OR	1-4		Tues. July 17	1-4		Thurs. Aug. 16	1-4
Thurs. June 21	9-12		Wed. July 18	1-4			
OR	1-4		Thurs. July 19	1-4			

PAYMENT INFORMATION

*TISC offers need-based scholarships to individuals and outreach groups that are funded largely by private donations

*Yes, I would like to make a donation in the amount of \$ _____

Total of classes: \$ _____

Total Payment: \$ _____

MC VISA - -

Check #: Expiration: / CVV code:

Billing Address:

City: State: Zip:

Card Holder Name: Card Holder Signature:

Scholarship Request: I am requesting a partial or full scholarship for my Youth Group. Group Scholarship Application and **\$5/student refundable deposit required.** Please submit at time of registration. Scholarships are available for families with a household income of \$70,000 or less.

_____ Partial Scholarship Approved

_____ Full Scholarship Approved