

WSC High School Sailing Program Survey

Personal Info

name _____

school _____

date of birth _____

height _____

weight _____

Year In School freshman sophomore junior senior

Sailing Experience none 0-1 years 1-2 years 2-3 years 3+ years

Area of Sailing Interest learn to sail recreational sailing racing

Primary Racing Interest double-handed skipper double-handed crew single-handed skipper

Preferred Practice Days & Hours Monday 3:30-6:30 pm other _____ Wednesday 3:30-6:30 pm other _____ Friday 3:30-6:30 pm other _____

Swimming Level can't swim weak average strong

Own Your Own Boat? yes (class? _____) no

My goal for high school sailing this year is:
