Downs Sailing Club

GUEST DAY MEMBERSHIP ACCOMPANIED BY A MEMBER OF DOWNS SAILING CLUB 2026

DATE: _____

MEMBER OF DOWNS SAILING CLUB NAME:

_____

LEAD GUEST DETAIL:

Name:	
Address:	
Date of birth if under 18	
Mobile:	
Sailing Experience	

Others included in GUEST DAY WITH DOWNS CLUB MEMBER:

Name	DOB if under 18 years	Relationship to lead guest	Sailing Experience