



**HOWTH
YACHT CLUB**

Harbour Road, Howth, Co. Dublin
 Phone: (01) 8322141 web: www.hyc.ie e-mail: training@hyc.ie

Training Application Form
 Please complete in full using block capitals

Course Code	e.g. Optimist/Laser/420/Topper training	Course Fee:	€
Start Date		End Date	
Name		Date of Birth	
Address			
(Parent/Guardian*) Name & E-mail Address		Mobile No:	
2nd Emergency Contact Name		Mobile No:	
Member of Howth Yacht Club Yes / No <i>(please circle Y or N)</i>	Permission to be videoed/ photographed Yes / No	Permission to leave club premises during the day Yes / No	
Dinghy Park Tag/Boat no:			
Please Advise of any Relevant Medical Conditions <i>(where relevant, details should be provided on a separate page)</i>			
Please find Enclosed: Cheque/Cash € _____			
Please debit my Amex/Mastercard/Visa Debit Card <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Expiry <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> CSV <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Name _____		Signature _____	
Course Fee € _____ Payment Received <input type="checkbox"/> Acknowledged <input type="checkbox"/> Date: _____			