



US Brig NIAGARA Sailing Program Application

Complete all sections of this form. Please print clearly.

GENERAL INFORMATION

Last Name _____

Home Phone (____) _____

First Name _____

Cell Phone (____) _____

Middle Name _____

How did you hear about the *Niagara* Sailing Program?

Gender Female Male

Email Address _____

Home Mailing Address:

Street/ PO Box _____

Current Mailing Address (if applicable)

Street/ PO Box _____

Apt./Suite _____

Apt./Suite _____

City _____ State ____ Zip _____

City _____ State ____ Zip _____

Country(if not USA) _____

Country(if not USA) _____

Living at this address until _____

ACADEMIC INFORMATION (IF APPLICABLE)

Current High School/University _____

Estimated Year of Graduation _____

Major _____

PERSONAL INFORMATION

Date of Birth _____

Passport # _____ Exp. Date _____

Country _____

Please include a photocopy of your passport with your application if applicable. Passport required for all international itineraries. Call or email for details.

US Citizen Other _____

Alien Status Student Visa Visa Type _____



US Brig NIAGARA Sailing Program Application

US BRIG NIAGARA SAILING PROGRAM

We will accommodate your program preference whenever possible on a first come, first served basis. However, due to space availability, your preference cannot be guaranteed. As you complete this section, refer to www.flagshipniagara.org for updated schedules and dates. Schedule subject to change.

Designate your preferred *Niagara* Sailing Program:

- College History Program (History Under Sail) : May 16 – June 5, 2018
- High School Program, First Session (Exploring the Great Lakes) : June 6 – 19, 2018
- Program Reserved for Discovery Bound: June 20 – July 5, 2018
- Program Reserved for Girl Scouts: July 11 – 25, 2018 (Apply at <http://forgirls.girlscouts.org/travel/lake-erie-sail-school/>)
- Environmental Science Field School: July 27 – August 10, 2018
- High School Program, Second Session (Exploring the Great Lakes): August 10 – 24, 2018
- Program Reserved for Williams-Mystic: September 2 – 11, 2018

FAMILY INFORMATION (IF APPLICABLE)

Father's Name (or Guardian) _____	Mother's Name (or Guardian) _____
Street/PO Box _____	Street/PO Box _____
City _____	City _____
State _____ Zip _____	State _____ Zip _____
Home Phone (____) _____	Home Phone (____) _____
Email Address _____	Email Address _____

My parents are Married Separated Divorced Father Deceased Mother Deceased

ACCOMMODATIONS

Please check the areas that apply to you, either temporarily or long term, and note specifics in the space provided.

- Mental, learning, or physical disability: _____
- Take medications regularly (for conditions such as diabetes, epilepsy, heart condition, etc.): _____

