

COLLEGE OF CHARLESTON



Advanced Racing Clinic – Payment Form

Please use this form to submit your payment only if you have completed the online application.

Session(s):

- Session I: June 5-10, 2009
 Session II: June 11-16, 2009

Skipper's Name _____

Crew's Name _____

The registration fee is \$750 per sailor. A deposit of \$300 is required for registration made before April 1, 2009 with the remaining balance due April 15, 2009.

Registrations made after April 1, 2009 will require full payment within seven days of application.

Payment method:

- Check payable to **College of Charleston Sailing**
 Credit card (please complete the information below)

Card type (circle one): Visa / Master Card / AmEx

Name: _____

Card #: _____

Amount: \$_____ Expiration Date: _____

Signature: _____

Return completed payment form to:

College of Charleston Sailing
66 George Street
Charleston, SC 29424