



Weekend Course Student Survey

In order for us to better serve your needs and goals and to assist in class placement, please return this survey by mail, fax or e-mail. Thank you!

San Juan Sailing School / 2615 South Harbor Loop Dr / Bellingham, WA 98225

FAX 360-671-4301 * email: school@sanjuansailing.com

Name:	Starting Date of Course:
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1. What are your goals in taking this course? (Check all that apply)
 - a. Develop the seamanship skills necessary to bareboat charter a 30-40 foot boat. _____
 - b. Share sailing with a partner that already sails _____
 - c. Learn as much as I can about sailing and boating _____
 - d. I'm mainly on vacation. I want to have fun and learn in the process. _____
 - e. Other—please state: _____

2. Briefly describe your previous boating experience (if any): _____

3. Does moderate alcohol consumption at anchor by other people offend or concern you?
(Circle one) Yes No

4. Smoking is not allowed on the boat, only ashore. Do you expect to smoke ashore during the week? (Circle one) Yes No

5. What is your age? _____

6. Sailing can be a rigorous endeavor, particularly while learning. Please be prepared to be active while on a moving boat. If you are sedentary, it is a good idea to start a moderate exercise program. Do you have any physical limitation or conditions that might require some advance accommodations? Please describe: _____

7. Do you get seasick? (Circle one) Yes No Sometimes
Do you know how to swim? (Circle one) Yes No

8. Is there anything else you'd like us to know? Any comments are welcome. _____