

VOST Questionnaire – FALL 2001

Print out this form, fill it out and hand it in to the offshore office on the first day of practice. Be sure to check out the [NEW TEAM STRUCTURE](#) description on the web page.

Last name: _____ Alpha: _____
First name: _____ CO: _____
Middle name: _____ Phone: _____
E-mail: _____ Cell: _____
DOB: Yr _____ Mo _____ Day _____ SSN: _____

Parent(s): _____ (use back if multiple entries)

Home Street: _____

Home City: _____ State: _____ Zip: _____

Home Phone: _____

Do you have a "D" qual.? YES NO

If no, would you like to take the test on the next available date? YES NO

(Note: you must have your PQS book completely filled out and have a recommendation)

1. Do you plan to sail in the fall? YES NO Depends

Comments: _____

2. Indicate your interest in skipper or XO, then rank in order (1-14) the position you would like to sail and on which group of boats (A or B). In other words, if you really wanted to helm, you might rank helm on A as "1" and helm on B as "2", but if your preference is only to be on an A or B boat, you should prioritize positions in that group.

	A team	B team	J/24 skipper
Skipper	_____	_____	_____
XO	_____	_____	
	A team	B team	
Helm	_____	_____	
Tactician	_____	_____	
Main	_____	_____	
Trimmer	_____	_____	
Strings	_____	_____	
Mast	_____	_____	
Bow	_____	_____	

3. List your top three choices for skippers you would like to sail with (other than yourself):

4. List team members with whom you really want to sail OR really do not want to sail (indicate which):

5. Issued gear in your possession:

FWG top	_____
FWG pants	_____
PFD	_____
Boots	_____