



Youth Internship ACCEPTANCE FORM

Please fill out this form and email it to educator@clearwater.org or mail it to:

Hudson River Sloop Clearwater
ATTN: Educator.
724 Wolcott Avenue
Beacon NY 12508

Clearwater is counting on you to honor your full week commitment!

Name _____

Address _____ City _____ State _____ Zip _____

Email address _____

Phone (cell) () _____ (work/home) () _____

Sailing aboard *Clearwater*:

From (dates) _____ to _____

Boarding at _____ dock. Disembarking at _____

T-shirt size _____

EMERGENCY CONTACT PERSON:

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone (cell): () _____ (home/work): () _____

Notes: (*OFFICE USE ONLY*):

