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U. S. Naval Academy
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U. S. NAVAL ACADEMY

VARSITY OFFSHORE SAILING TEAM SAILING QUESTIONNAIRE

Name: _____ **Today's date:** _____

Social Security #: _____ **Home phone:** _____

Home street address: _____

City: _____ **State:** _____ **Zip:** _____

Parent(s) name: _____ **Work phone:** _____

High School: _____ **Year you want to enter USNA: (fall of)** _____

Year of high school graduation: _____

Your current GPA? _____ **List any PSAT/SAT/ACT scores:** _____ **Test date:** _____

Birth date: _____ **E-mail:** _____

Height: _____ **Weight:** _____ **Male** _____ **Female** _____

Have you applied to the USNA? _____ **If yes, provide Candidate Number**_____

Following is a list of questions intended to provide our coaching staff with an outline of your sailing background. Please answer each to the best of your knowledge and feel free to elaborate on any details you feel are exceptionally noteworthy and return to our office. Updates are welcome at any time.

How many years have you been sailing? _____ Average number of days sailing in past 3 years? _____

Describe how you first started sailing_____
_____
_____

List the bodies of water on which you have sailed and % of your experience on each:
_____
_____
_____

List the boat type(s) aboard which your experience has been gained and % of total time aboard each:
_____
_____
_____

List the various positions onboard in which you are competent and % of your experience spent in each (ie foredeck 60%, helm 20%, main trim 20%, etc.):

_____

_____

Please list any notable racing events in which you have competed along with results and your position onboard for each: _____

_____

_____

_____

Please elaborate on any experience you have in the role of skipper:

_____

_____

_____

Please elaborate on any experience you have sailing at night:_____

_____

_____

Please elaborate on your experience with vessel navigation including methods and equipment with which you are familiar:_____

_____

_____

_____

Please describe any special skills you have acquired with regards to boat/equipment maintenance and repair:

_____

_____

_____

Please describe the most extreme weather you have experienced while sailing:

_____

_____

_____

_____

Please describe your most memorable experience under sail:

_____

_____

_____

_____

Please describe the person who has been most influential on your sailing and why:

_____

_____

_____

Please return this form to:

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