

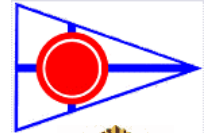
Come join us... **SVI 2011**

**SAIL FOR THE BLIND and VISUALLY IMPAIRED**



**SATURDAY – OCTOBER 15, 2011**

**10:00 AM – 5:00 PM**



**Sponsored by: Women’s Ocean Racing Sailing Association**

**Hosted by: American Legion Post 291 Family**



**Event includes brunch, afternoon sail and post-sail entertainment**

Boat owners/skippers and shore side volunteers are needed to participate in this worthwhile event, taking blind and visually impaired participants for an enjoyable afternoon sail. After the sail, be sure to join us for a social hour, entertainment and refreshments on the American Legion patio.

Your help makes it possible for blind and partially sighted individuals to participate in an exciting and wonderful experience of an afternoon on the waters of Newport Beach. It is truly a highlight of the year for them and for those of us who make it possible! You will find past event photos, brochures, and sponsors on our website at [www.worsa.org](http://www.worsa.org)

Please complete and return this form to WORSa by **October 10, 2011** so that we may properly recognize your contribution in our event brochure and website. To volunteer your boat and/or be a skipper please contact ALYC @ (949) 673-5070. To be a shore side volunteer fax this form to (949) 794-0831, mail to WORSa, PO Box 2403, Newport Beach CA 92663, or e-mail your contact information to [worsamail@gmail.com](mailto:worsamail@gmail.com).

**Please check one or more of the following:**

- I will be a shore side volunteer.
- I volunteer my boat and will be a skipper.
- My tax deductible contribution is enclosed.
- I will contribute an opportunity drawing prize!

Call me to arrange for a pickup of the item(s).

\_\_\_\_\_  
\_\_\_\_\_

Value: \$ \_\_\_\_\_

- Check here if you do not want your name listed in the program.

Thank you for support. Donations to WORSa may be tax deductible under Section 501(c)3 of the Internal Revenue Code. Contributors will receive a letter of acknowledgement.

Number of participants you can take \_\_\_\_\_

Boat length \_\_\_\_\_ Beam \_\_\_\_\_

Your Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, ST Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Barbara Sanford, Commodore  
WORSa, PO Box 2403,  
Newport Beach, CA 92663  
Fax (949) 794-0831

