



**INTER-COLLEGIATE SAILING ASSOCIATION  
OF NORTH AMERICA, INC.**

*Office of the Treasurer  
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San Diego, California 92107*

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*Sherri Campbell  
Treasurer*

**FIRST YEAR DUES AND FEES REBATE REQUEST**

SCHOOL NAME: \_\_\_\_\_

ICSA DISTRICT: \_\_\_\_\_

Amount paid in 1<sup>st</sup> dues and fees \$ \_\_\_\_\_

Make reimbursement check payable to: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Complete this form and mail to the address shown above. Contact the treasurer if you have any questions.*