



## NBYC 75<sup>TH</sup> Anniversary Story Collector Questionnaire

We encourage everyone to contribute to our Club's 75<sup>th</sup> Anniversary Book. This "Story Collector" will make it easy for you to submit stories, in a way that helps us organize the many stories, information and facts we'll receive.

By the way, you can do this on line at: [www.surveymonkey.com/s/NBYCStories](http://www.surveymonkey.com/s/NBYCStories)

### INSTRUCTIONS

Fill out this form and attach it to your story.

**STORIES** - By "stories" we mean history, experiences, information, facts..., even rumors and legends that woven together, make the tapestry that is our Club.

**DUPLICATES** – Don't worry that someone else might submit the same story. Multiple perspectives are valuable! While every item will become a treasured part of our Club's archive, because of duplicates and the sheer volume, we know you'll understand that we just can't publish in the book everything we receive.

**WIDE NET** – This Story Collector is open to anyone with NBYC-related stories to share, whether or not they are a current Member. So feel free to forward this link.

**HELP OTHERS** – If you know someone who is unable to compose or record their stories, feel free to fill out this form or post it on line for them.

### GUIDELINES

One story per form. Submit as many as you'd like.

Keep your story focused (about one typed page).

**EDITING** – Don't worry about "editing"... just tell your story as clearly as you can.

**PHOTOS AND OTHER ARTIFACTS** – If you have photos, articles, recordings or other artifacts that illustrate or support your story, there's a place on this form to describe what you've got. Of course, others may have similar items, so please just keep them safe until someone asks to see them. If you have... or know where there are items but have no particular story about them, just consider your description of the items as if it were a "story" and submit it on a form.

### ABOUT THE PERSON SUBMITTING THIS STORY

1	Name	_____
		First                      Last                      Suffix (e.g. Jr., III)
2	Is this the first story you've submitted?	Yes ( <i>CONTINUE</i> )      No, I've submitted others ( <i>SKIP TO Q8 Next page</i> )
4	What year did you become a Member (note: children "join" when they start coming to the Club)	Year: _____
5	If any relatives joined NBYC before you, what year did the first of your kin join?	Year: _____
6	Winter Contact Info: Address Best Email Address Best Phone/Cell Number	
7	Summer Contact Info (if different than above) Address Best Email Address Best Phone/Cell Number	

**ABOUT THE STORY**

8	Are you submitting this particular story for the first time, or are you updating one you already submitted?	First ( <i>CONTINUE</i> )	Updating ( <i>SKIP TO Q15</i> )																																																																											
9	<p>Our book is going to be organized by main topic (<i>Chapter</i>) and sub-topics (<i>Sections</i>) with in it. Generally, the narrative will be chronological within each sub-topic. This list has Sections grouped by their Chapter. (<i>i.e. the Sections about Our Club are grouped together, then the Sections about Our Boats, etc.</i>) (<i>These are "working titles" for now, and may not be the final titles or organization.</i>)</p> <p>Choose the Chapter / Section(s) that would be best for this story.</p> <table border="0" data-bbox="168 428 1438 1142"> <tr> <td><input type="checkbox"/> Our Club / The Beginning</td> <td><input type="checkbox"/> Our Waterfront / Breakwater(s)</td> <td><input type="checkbox"/> Our Communications / Yearbooks</td> </tr> <tr> <td><input type="checkbox"/> Our Club / Geography role</td> <td><input type="checkbox"/> Our Waterfront / Crane Dock(s)</td> <td><input type="checkbox"/> Our Communications / Newsletters</td> </tr> <tr> <td><input type="checkbox"/> Our Club / Founders</td> <td><input type="checkbox"/> Our Waterfront / Volunteers</td> <td><input type="checkbox"/> Our Communications / Email</td> </tr> <tr> <td><input type="checkbox"/> Our Club / Our Land/House</td> <td><input type="checkbox"/> Our Waterfront / Other</td> <td><input type="checkbox"/> Our Communications / Website</td> </tr> <tr> <td><input type="checkbox"/> Our Club / What We Do/Did</td> <td></td> <td><input type="checkbox"/> Our Communications / Bulletin Board</td> </tr> <tr> <td><input type="checkbox"/> Our Club / Our Members</td> <td><input type="checkbox"/> Our Parties / Regatta Parties</td> <td><input type="checkbox"/> Our Communications / Archives</td> </tr> <tr> <td><input type="checkbox"/> Our Club / Our Neighbors</td> <td><input type="checkbox"/> Our Parties / Saturday Nights</td> <td><input type="checkbox"/> Our Communications / Other</td> </tr> <tr> <td><input type="checkbox"/> Our Club / Other</td> <td><input type="checkbox"/> Our Parties / BoG Cocktail Party</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Our Parties / Junior Events</td> <td><input type="checkbox"/> Our Money / Operating Budgets</td> </tr> <tr> <td><input type="checkbox"/> Our Boats / Cruising</td> <td><input type="checkbox"/> Our Parties / Accessory Program</td> <td><input type="checkbox"/> Our Money / Capital Budgets</td> </tr> <tr> <td><input type="checkbox"/> Our Boats / Frostbite</td> <td><input type="checkbox"/> Our Parties / Other</td> <td><input type="checkbox"/> Our Money / Dues/Fees/Initiation</td> </tr> <tr> <td><input type="checkbox"/> Our Boats /Handicap/Offshore Racing</td> <td></td> <td><input type="checkbox"/> Our Money / Slips/Dry Storage</td> </tr> <tr> <td><input type="checkbox"/> Our Boats / Hospice</td> <td><input type="checkbox"/> Our Kids / Sail Instruction</td> <td><input type="checkbox"/> Our Money / Other</td> </tr> <tr> <td><input type="checkbox"/> Our Boats / One Design Fleets</td> <td><input type="checkbox"/> Our Kids / Club Members-Only Prog.</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Our Boats / Wednesday Night Series</td> <td><input type="checkbox"/> Our Kids / One Design Classes</td> <td><input type="checkbox"/> Our Plans / Evolution of Function</td> </tr> <tr> <td><input type="checkbox"/> Our Boats / Other Regattas</td> <td><input type="checkbox"/> Our Kids / High School Sailing</td> <td><input type="checkbox"/> Our Plans / Guidelines/Ideas</td> </tr> <tr> <td><input type="checkbox"/> Our Boats / Power Boats/Fishing</td> <td><input type="checkbox"/> Our Kids / Champions/All Americans</td> <td><input type="checkbox"/> Our Plans / Other</td> </tr> <tr> <td><input type="checkbox"/> Our Boats / Race Committee/Boats</td> <td><input type="checkbox"/> Our Kids / Other</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Our Boats / Other</td> <td></td> <td><input type="checkbox"/> Our Records / Officers</td> </tr> <tr> <td><input type="checkbox"/> Our Place / Clubhouse</td> <td><input type="checkbox"/> Our Swimmers / Program Start</td> <td><input type="checkbox"/> Our Records / Awards</td> </tr> <tr> <td><input type="checkbox"/> Our Place / Land</td> <td><input type="checkbox"/> Our Swimmers / Instructors</td> <td><input type="checkbox"/> Our Records / Other</td> </tr> <tr> <td><input type="checkbox"/> Our Place / Manager/Stewards</td> <td><input type="checkbox"/> Our Swimmers / Kiddy Beach</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Our Place / Parking</td> <td><input type="checkbox"/> Our Swimmers / Other</td> <td><input type="checkbox"/> Appendix</td> </tr> <tr> <td><input type="checkbox"/> Our Place / The Galley</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Our Place / Other</td> <td></td> <td></td> </tr> </table>			<input type="checkbox"/> Our Club / The Beginning	<input type="checkbox"/> Our Waterfront / Breakwater(s)	<input type="checkbox"/> Our Communications / Yearbooks	<input type="checkbox"/> Our Club / Geography role	<input type="checkbox"/> Our Waterfront / Crane Dock(s)	<input type="checkbox"/> Our Communications / Newsletters	<input type="checkbox"/> Our Club / Founders	<input type="checkbox"/> Our Waterfront / Volunteers	<input type="checkbox"/> Our Communications / Email	<input type="checkbox"/> Our Club / Our Land/House	<input type="checkbox"/> Our Waterfront / Other	<input type="checkbox"/> Our Communications / Website	<input type="checkbox"/> Our Club / What We Do/Did		<input type="checkbox"/> Our Communications / Bulletin Board	<input type="checkbox"/> Our Club / Our Members	<input type="checkbox"/> Our Parties / Regatta Parties	<input type="checkbox"/> Our Communications / Archives	<input type="checkbox"/> Our Club / Our Neighbors	<input type="checkbox"/> Our Parties / Saturday Nights	<input type="checkbox"/> Our Communications / Other	<input type="checkbox"/> Our Club / Other	<input type="checkbox"/> Our Parties / BoG Cocktail Party			<input type="checkbox"/> Our Parties / Junior Events	<input type="checkbox"/> Our Money / Operating Budgets	<input type="checkbox"/> Our Boats / Cruising	<input type="checkbox"/> Our Parties / Accessory Program	<input type="checkbox"/> Our Money / Capital Budgets	<input type="checkbox"/> Our Boats / Frostbite	<input type="checkbox"/> Our Parties / Other	<input type="checkbox"/> Our Money / Dues/Fees/Initiation	<input type="checkbox"/> Our Boats /Handicap/Offshore Racing		<input type="checkbox"/> Our Money / Slips/Dry Storage	<input type="checkbox"/> Our Boats / Hospice	<input type="checkbox"/> Our Kids / Sail Instruction	<input type="checkbox"/> Our Money / Other	<input type="checkbox"/> Our Boats / One Design Fleets	<input type="checkbox"/> Our Kids / Club Members-Only Prog.		<input type="checkbox"/> Our Boats / Wednesday Night Series	<input type="checkbox"/> Our Kids / One Design Classes	<input type="checkbox"/> Our Plans / Evolution of Function	<input type="checkbox"/> Our Boats / Other Regattas	<input type="checkbox"/> Our Kids / High School Sailing	<input type="checkbox"/> Our Plans / Guidelines/Ideas	<input type="checkbox"/> Our Boats / Power Boats/Fishing	<input type="checkbox"/> Our Kids / Champions/All Americans	<input type="checkbox"/> Our Plans / Other	<input type="checkbox"/> Our Boats / Race Committee/Boats	<input type="checkbox"/> Our Kids / Other		<input type="checkbox"/> Our Boats / Other		<input type="checkbox"/> Our Records / Officers	<input type="checkbox"/> Our Place / Clubhouse	<input type="checkbox"/> Our Swimmers / Program Start	<input type="checkbox"/> Our Records / Awards	<input type="checkbox"/> Our Place / Land	<input type="checkbox"/> Our Swimmers / Instructors	<input type="checkbox"/> Our Records / Other	<input type="checkbox"/> Our Place / Manager/Stewards	<input type="checkbox"/> Our Swimmers / Kiddy Beach		<input type="checkbox"/> Our Place / Parking	<input type="checkbox"/> Our Swimmers / Other	<input type="checkbox"/> Appendix	<input type="checkbox"/> Our Place / The Galley			<input type="checkbox"/> Our Place / Other		
<input type="checkbox"/> Our Club / The Beginning	<input type="checkbox"/> Our Waterfront / Breakwater(s)	<input type="checkbox"/> Our Communications / Yearbooks																																																																												
<input type="checkbox"/> Our Club / Geography role	<input type="checkbox"/> Our Waterfront / Crane Dock(s)	<input type="checkbox"/> Our Communications / Newsletters																																																																												
<input type="checkbox"/> Our Club / Founders	<input type="checkbox"/> Our Waterfront / Volunteers	<input type="checkbox"/> Our Communications / Email																																																																												
<input type="checkbox"/> Our Club / Our Land/House	<input type="checkbox"/> Our Waterfront / Other	<input type="checkbox"/> Our Communications / Website																																																																												
<input type="checkbox"/> Our Club / What We Do/Did		<input type="checkbox"/> Our Communications / Bulletin Board																																																																												
<input type="checkbox"/> Our Club / Our Members	<input type="checkbox"/> Our Parties / Regatta Parties	<input type="checkbox"/> Our Communications / Archives																																																																												
<input type="checkbox"/> Our Club / Our Neighbors	<input type="checkbox"/> Our Parties / Saturday Nights	<input type="checkbox"/> Our Communications / Other																																																																												
<input type="checkbox"/> Our Club / Other	<input type="checkbox"/> Our Parties / BoG Cocktail Party																																																																													
	<input type="checkbox"/> Our Parties / Junior Events	<input type="checkbox"/> Our Money / Operating Budgets																																																																												
<input type="checkbox"/> Our Boats / Cruising	<input type="checkbox"/> Our Parties / Accessory Program	<input type="checkbox"/> Our Money / Capital Budgets																																																																												
<input type="checkbox"/> Our Boats / Frostbite	<input type="checkbox"/> Our Parties / Other	<input type="checkbox"/> Our Money / Dues/Fees/Initiation																																																																												
<input type="checkbox"/> Our Boats /Handicap/Offshore Racing		<input type="checkbox"/> Our Money / Slips/Dry Storage																																																																												
<input type="checkbox"/> Our Boats / Hospice	<input type="checkbox"/> Our Kids / Sail Instruction	<input type="checkbox"/> Our Money / Other																																																																												
<input type="checkbox"/> Our Boats / One Design Fleets	<input type="checkbox"/> Our Kids / Club Members-Only Prog.																																																																													
<input type="checkbox"/> Our Boats / Wednesday Night Series	<input type="checkbox"/> Our Kids / One Design Classes	<input type="checkbox"/> Our Plans / Evolution of Function																																																																												
<input type="checkbox"/> Our Boats / Other Regattas	<input type="checkbox"/> Our Kids / High School Sailing	<input type="checkbox"/> Our Plans / Guidelines/Ideas																																																																												
<input type="checkbox"/> Our Boats / Power Boats/Fishing	<input type="checkbox"/> Our Kids / Champions/All Americans	<input type="checkbox"/> Our Plans / Other																																																																												
<input type="checkbox"/> Our Boats / Race Committee/Boats	<input type="checkbox"/> Our Kids / Other																																																																													
<input type="checkbox"/> Our Boats / Other		<input type="checkbox"/> Our Records / Officers																																																																												
<input type="checkbox"/> Our Place / Clubhouse	<input type="checkbox"/> Our Swimmers / Program Start	<input type="checkbox"/> Our Records / Awards																																																																												
<input type="checkbox"/> Our Place / Land	<input type="checkbox"/> Our Swimmers / Instructors	<input type="checkbox"/> Our Records / Other																																																																												
<input type="checkbox"/> Our Place / Manager/Stewards	<input type="checkbox"/> Our Swimmers / Kiddy Beach																																																																													
<input type="checkbox"/> Our Place / Parking	<input type="checkbox"/> Our Swimmers / Other	<input type="checkbox"/> Appendix																																																																												
<input type="checkbox"/> Our Place / The Galley																																																																														
<input type="checkbox"/> Our Place / Other																																																																														
10	Are you submitting this story on behalf of someone else? ( <i>i.e. helping someone post their story</i> )	No, It's My Story	Yes I'm helping someone Name of person: _____																																																																											
11	Was this story witnessed first-hand, or was it heard?	First-hand	Heard																																																																											
12	Are there artifacts... photos, articles, films, recordings or other items that illustrate this story?  IF ARTIFACTS: What kind?      Photos      Articles      Audio/Tape      Video/Film      Objects  Please Describe:	Yes (CONTINUE )	No. Nothing but this story (SKIP TO Q13)																																																																											
13	Approximately when (year) did this story take place?	Year: _____																																																																												
14	Who are the main characters? ( <i>List names of this story's main characters. Use full names but if applicable, add nicknames in quotes, e.g. John "Boomer" Bourget. By the way, "characters" can be boats' names too!</i> )																																																																													
15	<p>HEADLINE - Think of your story's title as a "newspaper headline" to help your reader know what to expect.</p> <p>IMPORTANT – Remember your headline... in case you want to update or re-submit your story. The headline will help us keep your story's posts together in the database.</p> <p>What is your story's Headline: _____</p>																																																																													
17	Note anything else about this story you'd like us to know?																																																																													