

PORT MADISON YACHT CLUB

JIM DEPUE MEMORIAL RACE SATURDAY, FEBRUARY 23, 2019

REGISTRATION FORM

REGISTRATION DEADLINE: Registration forms and fees must be received by the race committee, no later than thirty (30) minutes prior to the first warning on race day. Registration forms must be complete and accurate. ***Participants failing to comply with these requirements will be subject to disqualification.*** Late registrations may be accepted at the discretion of the Race Committee.

(PLEASE PRINT)

SKIPPER _____

ADDRESS _____
CITY _____ ZIP CODE _____ PHONE# _____ BOAT
NAME _____ YACHT CLUB _____
SAIL# _____ BOAT MFG (CLASS) _____ HULL
COLOR _____ LOA _____ PHRF MEMBER Y / N RATING _____
DIVISION _____

The undersigned hereby assumes all risk of accident, and expressly agrees that participation is at the discretion of the owners/skippers. West Sound Sailing Association, Port Madison Yacht Club, and their officers, and the race committee, shall not be liable for any loss or injury growing out of participation in this race. I am aware that I must comply with the rules of the road, and that I have no special privileges under those rules with regard to non-racing traffic.

I the undersigned also represent to the race organizers that my yacht has liability insurance currently in effect, covering property damage, personal injury and death and that this policy covers yacht racing activities.

SIGNED _____ DATE _____

E-MAIL ADDRESS _____

ENTRY FEES: \$15.00 STANDARD FEE

\$10.00 PHRF-NW MEMBER

\$9.00 US SAILING MEMBER

US SAILING I.D. NUMBER _____

MAKE CHECKS PAYABLE TO: **PORT MADISON YACHT CLUB**

MAIL TO: Port Madison Yacht Club, Box 10002, Bainbridge Island, WA. 98110

Or register online www.portmadisonyc.org