

PORT MADISON YACHT CLUB JIM DEPUE MEMORIAL RACE

SATURDAY, FEBRUARY 28, 2015

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.

(PLEASE PRINT)

SKIPPER _____

ADDRESS _____

CITY _____ ZIP CODE _____ PHONE# _____

BOAT NAME _____ YACHT CLUB _____

SAIL# _____ BOAT MFG (CLASS) _____

LOA _____ PHRF Member Y/N _____

RATING _____ % LP LARGEST GENOA _____ 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
PO Box 10002
Bainbridge Island, WA 98110

EMAIL TO: racing@portmadisonyc.org