

AYC Harvest Moon Regatta Registration Form

PLEASE PRINT THE FOLLOWING INFORMATION FOR THE OWNER/SKIPPER

Last Name		_ First Name	
Street		_City/State	_Zip
Age 18 or over? Y N		Phone	Cell
E-Mail		_Yacht/Sailing Club	
Emergency Contact Name			Phone
Total Atte	ending (Skipper, Crew and Add	litional Guests):	
Boat Clas	s:	Boat Type:	Sail Number:
()	Racer-Cruiser I		
	Jam Fleet II (25 ft and OVER)		
() .	Jam Fleet III (UNDER 25 ft)		
() -	Thistle		
()	Highlander		
()) Flying Scot (Ohio District Championship)		
()	Flying Scot (Non-District Cham		
()	Laser		
() :	Sunfish		
Compe IF COMI	etitors are responsible for the s competitors confirm t PETITOR IS UNDER THE AGE O	in conjunction with or prior to, du seaworthiness of their boats, and l that all ODNR required safety gear F 18: I represent and warrant that I I agree, on behalf of the Competi	oy registering for this event is on board. I am the parent and/or legal
Liability	Release and Waiver Agreemer	nt. I give permission to the Atwood medical treatment deemed necess	Yacht Club and its agents to
Signature			Date
Fees:	Skipper and up to 3 crew: \$75	5.00 per yacht paid before Sept. 1.	\$
		95.00 per yacht paid after Aug. 31.	
		fish Class: \$20.00 per Junior Sailor	
		ass for >3 crew or other nonsailors	
			\$
	Cash:		\$
	Check No.		
	Credit Card Type: MC, V	'isa . Disc	FOR REGISTRAR USE ONLY
	Credit Card #:		Date Fee Was Paid
	Expiration Date:		Registrars Initials

Mail completed form and payment to: Randy Wells, Chairman, Harvest Moon Regatta Committee Atwood Yacht Club, PO Box 55, Dellroy Ohio 44620 - Ph: 330-735-2135