

WEST SOUND CORINTHIAN YACHT CLUB

RICH PASSAGE RAMBLE SATURDAY, APRIL 11, 2009

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) _____

HULL COLOR _____ LOA _____ PHRF MEMBER Y / N

PHRF 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/skipper. West Sound Sailing Association, West Sound Corinthian 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: **WEST SOUND CORINTHIAN YACHT CLUB**

Mail to: BRYAN MASSEY
 1421 Howard Ave
 Port Orchard, WA 98366

POULSBO YACHT CLUB
POULSBO INVITATIONAL
SATURDAY, APRIL 25, 2009

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) _____

HULL COLOR _____ LOA _____ PHRF MEMBER Y / N

PHRF 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, Poulsbo 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: **POULSBO YACHT CLUB**

MAIL TO: REGATTA CHAIR SAIL
 Poulsbo Yacht Club
 18129 Fjord Drive N.E., Suite T
 Poulsbo, 98370

PORT ORCHARD YACHT CLUB

**INVITATIONAL RACE
SATURDAY, MAY 16, 2009**

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) _____

HULL COLOR _____ LOA _____ PHRF MEMBER Y / N

PHRF 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 Orchard 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 ORCHARD YACHT CLUB**

MAIL TO: OLE HOVLAND
 11123 Woodchuck Lane SE
 Port Orchard, WA. 98367

BREMERTON YACHT CLUB

**BLAKE ISLAND RACE
SATURDAY, JUNE 6, 2009**

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) _____

HULL COLOR _____ LOA _____ PHRF MEMBER Y / N

PHRF 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, Bremerton 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: **BREMERTON YACHT CLUB**

MAIL TO: BREMERTON YACHT CLUB
 2700 Yacht Haven Way
 Bremerton, Wa 98312

WEST SOUND CORINTHIAN YACHT CLUB

**BROWNSVILLE RACE
SATURDAY, JUNE 27, 2009**

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) _____

HULL COLOR _____ LOA _____ PHRF MEMBER Y / N

PHRF 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, West Sound Corinthian 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: **WEST SOUND CORINTHIAN YACHT CLUB**

Mail to: BRYAN MASSEY
 1421 Howard Ave
 Port Orchard, WA 98366

WEST SOUND CORINTHIAN YACHT CLUB

**AROUND BAINBRIDGE ISLAND RACE
SATURDAY, MAY 9, 2009**

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) _____

HULL COLOR _____ LOA _____ PHRF MEMBER Y / N

PHRF 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, West Sound Corinthian 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: \$5.00

MAKE CHECKS PAYABLE TO: **WEST SOUND CORINTHIAN YACHT CLUB**

Mail to: BRYAN MASSEY
1421 Howard Ave
Port Orchard, WA 98366