



Hospice Charity Cup Regatta

Saturday, August 7, 2010

Entry Form

Please Print:

Owner/Skipper Name: _____ Yacht Club: _____

Yacht Name: _____ Make (e.g. Cal 2-27): _____ Sail No. _____ LOA _____

Names of Crew Members (Must be completed no later than Check-in Time)

_____	_____
_____	_____
_____	_____

Indicate Event in which you wish to participate:

Hospice Charity Cup (Keel Boats; scoring PHRF time on time; Spinnakers allowed)

PHRF-LO Certificate No: _____ Rating: _____ Expiration Date: _____

Hospice Charity Fun Races (These races do not qualify for National competition)

- Keel Boat Division (No Spinnakers; non-PHRF time on time scoring)
- Catamaran Division (Scored Portsmouth)
- Junior Races

The Hospice Charity Cup races will be held using Racing Rules of Sailing. Sailing directions and other pertinent information will be provided at the **Skippers' Meeting** to be held at the **Gazebo in Sackets Harbor, at 09:15 August 7, 2010.**

Check in required: 7:30-9:00 am Aug. 7. Registration will be closed at 9:00 am.

Trophies will be presented at the Shore Party 5:00 pm August 7.

By their signature, participants understand and agree that: The participation of the yacht in the race is under the discretion of the skipper. The responsibility for the decision to race and/or to continue to race is solely that of the skipper of the yacht. The yacht skipper or his/her designee will notify the race committee or an individual designated at the Skippers' meeting in the event of withdrawal from the race. It is the responsibility of the yacht owner/skipper to provide and maintain a well-found seaworthy vessel, with adequate and required safety gear for all personnel. The yacht skipper agrees to hold harmless and indemnifies the Henderson Harbor Yacht Club, Hospice of Jefferson County, Inc., and Hospice Foundation of Jefferson County, Inc., their directors, members, employees, and volunteers against any and all claims for death, bodily injury and/ or loss of or damage to property.

Owner/Skipper Signature: _____ Date: _____

Address: _____

City: _____ St: _____ Zip: _____

Telephone: Home: () - _____ Office: () - _____ Email: _____

\$ _____ Registration Fee \$50.00 before July 19, 2010 After July 19, 2010 fee will be \$60.00

\$ _____ Cocktail/Dinner/tickets @ \$25.00 per adult; \$15 ages 12 & under *reservations requested by Monday, July 26th*

\$ _____ Additional donation to Hospice

\$ _____ **Total amount enclosed** (Please make check payable to Hospice Foundation of Jefferson County, Inc)

[] VISA [] MASTERCARD [] AMEX [] DISCOVER

Acct. # _____ 3 digit security # _____ Exp. Date: _____

Signature of cardholder: _____ Zip Code associated with card: _____

Please return this form, with a copy of PHRF-LO Certificate if applicable, and payment to:

Hospice Foundation of Jefferson County
425 Washington Street Watertown, NY 13601
(315) 788-7323 Email: lynn@jeffhospicefoundation.org