

ENTRY FORM
2009 SOLING NORTH AMERICAN CHAMPIONSHIPS
AUGUST 14TH – AUGUST 16TH, 2009
LAKE CHAMPLAIN SOLING FLEET & THE VALCOUR SAILING CLUB, INC.

Sail Number: _____ Boat Name: _____

Skipper name: _____

Address: _____

E-mail: _____ Phone: _____

Crew name and address: _____

Crew name and address: _____

Fee: Please complete this form and enclose your check, cashier's check or money order made out to The Valcour Sailing Club, Inc., in the amount of \$175 usd if postmarked prior to July 15th, 2009. \$225 if later. Mail to: The Valcour Sailing Club, Inc., PO Box 1362, Plattsburgh, New York 12901. Questions? Call Brian White, at 518 561 2983 or brianewhite@yahoo.com

Waiver:

I agree to be bound by the Racing Rules of Sailing 2009- 2012 (RRS), the Notice of Race, the Sailing Instructions and all other rules that govern this event. I acknowledge that RRS Rule 4- Decision to Race, places the sole responsibility for a boat deciding to participate in a race or to continue racing is hers alone. I understand that neither the Organizing Authority and its officers, members and servants nor any other persons assisting with the conduct of this regatta accept any responsibility in respect of any injury or loss to person or property that may be sustained by reason of participation in the regatta or howsoever arising in connection with this regatta.

Competitors' signatures:

Skipper

Date

Crewmember 1

Date

Crewmember 2

Date