



2016 Scott Cline Memorial Regatta Race Entry Form

Boat Name		Type	
Sail No.	PHRF Rating	Length	
Skipper's Name			
Street Address			
City	State	Zip	
Cell Phone	E-Mail Address		

Prefer ____ flying class ____ non-flying class
 (non-flying class will be established depending on boats registered)

The undersigned, skipper of the above named Boat, acknowledges that I have sole responsibility for the safety of my crew and yacht. I agree that the Oak Harbor Yacht Club, the Race Committee, and any other sponsors of the race or series are in no way to be held responsible for accidents, damage or injury to property or to yachts, crew or guests arising from any cause during or related to any race or activities of the race. Each Skipper and his/her crew must evaluate weather and sea conditions and each participant is responsible for determining whether it is safe for him or her to participate. The responsibility of wearing a life jacket rests upon the Skipper and his crew. If Committee vessels and personnel provide assistance, it is at the risk of the participants. I hereby agree to all of the Conditions and shall inform each member of my crew of these Conditions.

I hereby represent that my yacht has liability insurance currently in effect, covering property damage, personal injury and death in an amount not less than \$300,000 per occurrence, and that the policy covers yacht racing activities.

Signature of Skipper _____ **Owner** **Charter**

Date _____

Contact:
 Bill Weinsheimer
 Sail Fleet Captain
 360-929-9798
 ohsailfleet@gmail.com

Mail:
 OHYC Sail Fleet
 PO Box 121
 Oak Harbor, WA 98277



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Payment and Dinner Reservation

Boat Name: _____

Skipper Name: _____

	Number	Cost	Total
Boat	1	\$25	\$25 (\$0 if Oak Harbor sailor who paid for entire sailing season)
Skipper and Crew		\$0 (included)	\$0
Guests		\$7	
Total			