

**Magothy River Sailing Association
2008 Jr. Racing Application**

Racer Name: _____ Age: _____
Parent Name: _____ Phone: _____
Address: _____ Email: _____

EMERGENCY CONTACT INFORMATION:

Name: _____ Phone: _____
Name: _____ Phone: _____

EXPERIENCE:

MRSA Jr. Training: Yes _____ No _____
Other Training: Yes _____ No _____ Organization: _____
CBYRA Or Other Rating: _____

BOAT USE INFORMATION

MRSA Flying Junior
 Your Own Boat Type: _____

RACE COMMITTEE ASSISTANCE

Circle one night that a parent can assist with the race committee:

July 07	July 14	July 21	July 28	August 4	August 11	August 18
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Please call or email if you intend to participate. Give or send the completed application, \$25 fee (checks payable to MRSA), and signed release to:

Dan Prucnal
1758 West Drive
Pasadena, MD 21122
410-255-3015
fleetmaster@magothysailing.com

Hurry! Space is limited on MRSA Flying Juniors to the first 12 racers to apply. After the first 12 spaces are filled, racers will be put on a substitute list (application fee will be returned). Spaces are unlimited for those using their own boats.