

Competitor's Name: _____ **Boat Name:** _____
Street Address: _____ **Sail Number:** _____
City, State, Zip: _____ **PHRF or CMA Rating:** _____
Home Phone: _____ **Model :** _____
Work Phone: _____ **E-mail Address:** _____
Cell Phone: _____
Member club: _____ **CBYRA Number:** _____
US Sailing Number: _____

Select Class for Scoring for each race/series:

Series 1: Spin, Non-Spin, MH, Cruise
Series 2 Spin, Non-Spin, MH, Cruise
Series 3: Spin, Non-Spin, MH, Cruise
Series 4: Spin, Spin, NS, F, MH

Spring Classic: A, B, C, NS

HR Frostbite: S, NS, MH, Cruise

This Boat conforms in every way to her Class Rules and Measurements. **A current Handicap Rating is on file with PHRF of the Chesapeake and is attached hereto**, or I have made specific alternate arrangements with the Race Committee Chair.

I agree to adhere to high standards of good sportsmanship and to abide by the regulations and sailing instructions for these events. In consideration of being permitted to enter these events, being knowledgeable of the risks of competitive sailing and knowing that it is my sole responsibility to decide whether to enter or to continue any race, I voluntarily assume the risk of participation in this event and release the Host Clubs MRSA, GIYS, PSA and YCCSC and the people conducting the event from all liability in connection with any injury or damage that may occur.

I agree to make my crew and myself available for training and, when called upon, to perform Race Committee duty.

Signature: _____ Date: _____

Spring Classic, Wed. Evenings, \$110
& Hallie Rice Fall Series

Cruising Class Series 1-3 \$75

Single Series \$35

Please make check payable to:
MRSA

Amount Enclosed: \$ _____

Mail To:
MRSA RC
Jim Gary
6 Trelawny Court
Lutherville, MD 21093