



LEUKEMIA CUP REGATTA

PO Box 14254
Savannah, GA 31416
www.leukemicup.org/ga
912 352-4334

OFFICIAL ENTRY FORM

Name _____

Address _____ City _____ State _____ Zip _____

Phone (H) _____ (W) _____

Email _____

Are you a: Skipper _____ Crew _____ or Guest _____

Sail Number _____ Yacht Name _____

Rating _____ (send certificate w/entry)

Make/LOA _____ Hull Color _____

Number of Crew _____ Club Affiliation _____

PHRF Check one: Class A Class B Class C (Cruising Class)

(race one-design on phrf course) Harbor 20 Class Viper 640 Class

One Design Class _____ Fleet _____

Regatta Waiver:

I hereby agree to be bound by the rules of the International Sailing Federation and all other rules that govern the event. I hereby warrant that my yacht will be outfitted, equipped and handled in accordance with those rules and conditions, that she will have all required equipment aboard, that she will be seaworthy in hull, rig and gear, and that she will be competently manned. I do for myself, my executors or administrators, heirs and assigns, waive all claims as may accrue to me or them against the event sponsor, Leukemia & Lymphoma Society, the Race Committee, Trustees, Directors, Members, Employees and Agents and any one or more of them, arising out of the participation of my yacht in this regatta, or organization and persons from any claim, demand of judgment, including costs of attorney fees and expenses incurred in defense of such claims, caused or brought by a guest or crew member of any yacht or their executors, administrators, heirs, next of kin and assigns arising from my yacht's participation in their regatta or any related activities.

Read, dated and signed by: Signature _____ Date _____

DEADLINE FOR CONTRIBUTIONS TO BE CREDITED FOR AWARDS - SEPTEMBER 20th at 1030 AM

Keel Boat, Viper, Rhodes 19, Harbor 20 (18 feet and larger) registration fee is \$100 per boat

Dinghy Boat (Less than 18 feet) registration fee is \$50 per boat

I am racing in honor/memory of _____.

Enclosed is my check for \$ _____ (made payable to The Leukemia & Lymphoma Society)

Charge to my SYC account # _____

Charge to my Credit Card-Type: _____ Visa _____ Mastercard _____ American Express

Card # _____ Exp. Date _____ Amount \$ _____

Signature _____