

REGISTRATION FORM

www.leukemicup.org/il



- FILL OUT THIS REGISTRATION FORM ALONG WITH YOUR ENTRY FEE
- ASSEMBLE YOUR CREW AND GET SPONSORS FOR YOUR BOAT
- COMPETE IN HONOR OF SOMEONE AND SET YOUR FUNDRAISING GOAL
- ACHIEVE YOUR FUNDRAISING GOAL WITH ONE OF OUR SUGGESTIONS OR YOUR OWN IDEA
- HAVE A GREAT TIME FOR A GREAT CAUSE

Hosted by
COLUMBIA YACHT CLUB
AUGUST 28, 2010



National Sponsors



Ken Gardiner
MODEL MAKER

Local Sponsors



Personal Information (check one) Captain Crew Member

Yacht Club: _____ Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Home Phone: _____

E-Mail Address: _____

Sail In Honor of a Special Patient (Choose one of the following)

- I will be competing in honor of: _____
- I wish to compete in honor of the 2010 Leukemia Cup Regatta Honorary Sailor

Boat Information **This section MUST be complete and accurate for Race Committee scoring purposes.**

Boat Name: _____ Sail #: _____

Boat Make and Model: _____ Boat Length: _____ Model Year: _____

Fleet (check one) Jib & Main Catalina Jib and Main Spinnaker T-10 J/105 First 36.7

Other One Design (specify) _____

Roller Furling Headsail: Yes No Do you change headsails for racing? Yes No Genoa Overlap (LP): _____

Luff Furling Mainsail: Yes No Does the Mainsail have battens? Yes No

How is your spinnaker tacked (check all that apply): No Spinnaker: Deck Spinnaker Pole: Sprit/Prod

Propeller Type: Folding Feathering Fixed Two Blade Fixed Three Blade

Columbia YC will assign handicaps for all entries. However, if you have a 2009 or 2010 LM-PHRF or MORF certificate, please complete the following. If you have any other PHRF certificate, please attach a copy. If you do not have a current PHRF handicap, the organizing committee may need to request additional information in order to assign a handicap.

LMPHRF HCP: _____ LMPHRF NSHCP: _____ MORF _____ Certificate Date: _____

Entry Fees and Deadlines - **\$75 (\$100 after August 2, 2010 & until August 27, 2010)**

The entry fee must be received by August 2, 2010 in order for your boat's name to appear on the event t-shirt. There will be a \$150 registration fee for same day registration. Please return the entry form with check or credit card payment to: **The Leukemia & Lymphoma Society, Attn: Kayla Kovarna, Illinois Chapter, 651 W. Washington, Suite 400, Chicago, IL 60661** or FAX to **312.463.0980**. Make checks payable to **The Leukemia & Lymphoma Society**.

T-shirt size (circle one) **S** **M** **L** **XL** **XXL** Other _____

- Yes, I would like to register, enclosed is the Registration Fee.
- I'm not able to participate, but enclosed is a tax-deductible contribution.

Credit card (circle one) **VISA** **MasterCard** **Amex** **Discover Card**

Account #: _____

Exp. Date: _____ Name on Card: _____

Signature: _____

All skippers in each race, please read and sign waiver.

I agree to abide by the regulations and sailing instructions for these races. In consideration of being permitted to enter these races, being knowledgeable of the risk of competitive sailing, and knowing that it is my sole responsibility to decide whether to enter or continue any race, I voluntarily assume the risk of participating in these races and release The Leukemia & Lymphoma Society, Columbia Yacht Club and other people and organizations planning or conducting the event, from any and all liability in connection with any injury or damage that may occur to boats and all participants.

Competitor's Signature: _____ Date: _____