



2009 LABOR DAY WEEKEND

September 5th & 6th, 2009



RACE REGISTRATION

PLEASE PRINT CLEARLY



OWNER AND YACHT INFORMATION

OWNER _____	BOAT NAME _____	YACHT CLUB _____
HOME ADDRESS _____		
Street	City	State Zip
PHONES: _____		EMAIL ADDRESS: _____
BOAT TYPE: _____		SAIL NUMER _____

RACE AND CLASS SECTION

<input type="checkbox"/> Sat – Friendship Race	Select Sat Class:	<input type="checkbox"/> PHRF	<input type="checkbox"/> CRU ASM	<input type="checkbox"/> JAM
<input type="checkbox"/> Sun - Memorial/Leukemia Race	Select Sat Class:	<input type="checkbox"/> PHRF	<input type="checkbox"/> CRU ASM	<input type="checkbox"/> JAM

HANDICAP INFORMATION

2009 Lake Huron PHRF Association Rating _____
2009 PHRF rating from another region _____
What region _____ (Certificate submission required)

DOCKAGE

Do you require dockage at PHYC <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require dockage at SYC <input type="checkbox"/> Yes <input type="checkbox"/> No
What date will you be arriving _____
What date will you be departing _____

We are asking for skippers that are racing in the Memorial / Leukemia Race make a minimum donation of \$100 to *The Leukemia & Lymphoma Society*.

Liability insurance is required to participate. It is the responsibility of each participant to set adequate limits and maintain coverage for the duration of the participation. It is the sole and inescapable responsibility of the skipper of the yacht to decide whether or not to start or continue a race. I agree to be bound by The Racing Rules of Sailing and all other rules that govern the Race Program.

Signed _____ Date: _____