

Southern Maryland Sailing Association

Small Boat Program

ANNUAL RACE & REGATTA ENTRY FORM

Competitor's Full Name: _____

Address: _____

Telephone: _____

Email Address: _____

Your email address will be used only to notify you of SMSA Small Boat Program events. It will not be sold, traded, rented, or given to any non-SMSA personnel or other organizations.

Name of Boat: _____

Boat Class/Type: _____

Boat Color: _____

Sail #: _____

Sail # Mismatch Declarations: _____

Home Yacht/Sail Club: _____

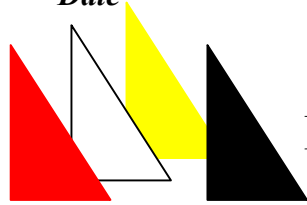
Name(s) of Crew: _____

I agree to abide by the regulations and sailing instructions for this series of events. In consideration of being permitted to enter this event, being knowledgeable of the risks 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 participation in this event and release the Host Club SMSA and the people conducting the event from all liability in connection with any injury or damage that may occur.

Signature of Competitor _____

Date _____

Mail Registration & Entry Fee To:
Southern Maryland Sailing Association
PO Box 262
Solomons, MD 20688



Thursday Night Races		
Member	\$90	_____
Non-Member	\$180	_____
1-Day Regatta Fee		
SMSA Member		_____
Non-Member		_____
Invitational Regatta Fee		
Early Registration		_____
Late Registration		_____
Skippers Dinner		<i>included</i>
Crew Dinner		_____
TOTAL DUE:		

SBP Use Only			
M	NM	ARF	RRF
Amount Paid: _____			
Cash		Renewal	
Check #: _____			

Have Fun, Sail Fast