



Sailing Regatta

Facilities provided by
The Mount Sinai Yacht Club

1982 Sponsored by Mount Sinai Sailing Association 2009

Saturday, August 22nd, 2009

ENTRY FORM

(registration deadline: 8/16/09)

Owner/ Captain: _____

Street Address: _____

City, State, Zip: _____

Yacht Name: _____ Sail Number: _____

Telephone No. Home &/or Office: _____ Email: _____

Builder's Designation & LOA: _____ Club Affiliation (list one only): _____

For Mather Cup Qualification

Year Built & Type of Rig: _____

2009 PHRF Rating (enclose copy of certificate): _____ Spinnaker: Yes _____ No _____

Topside Color: _____ LWL _____ Beam _____ Draft _____

Displacement _____ Keel _____ Largest Jib _____ % Power: O/B _____ I/B _____ Prop _____

Anything non-standard about boat? _____ If yes, give details _____

****Arrangements can be made for moorings or slips. Please contact Ted Turner at 631.476.8834 as early as possible.**

I hereby agree that the Safety of my Yacht and her crew, and the decision whether or not to start or continue to race, is my own responsibility and not that of any person sponsoring or undertaking such race or activity. I hereby waive all claims, demands, liability, actions, and course of action whatsoever, which I may have against all sponsors, organizers, YRA, and any other related or affiliated company and their respective officers, directors, agents and employees, its member club and organizations, arising out of or related to any loss, damage, or injury including death, in any way connected by my participation in any race related activity sponsored or undertaken by them. I will inform my insurance underwriter of this waiver and inform all crew members of any yacht which I sail in any race or activity of their responsibilities for safety. I agree that this waiver is binding on my heirs, successors and assigns. I also Acknowledge that the Sponsors' and/or organizers may publish photos, video tape and use my likeness in connection with or on the promotion and advertising of sponsor brands or future events. Any photographs taken will be the sponsors' and/or organizer's sole and exclusive property. I the undersigned hereby Acknowledge and request that I have read the foregoing and understand it and sign it voluntarily and I am of sound mind.

X _____ **Signature Required**

"THE PHRF BUSTER TROPHY"

So you think your PHRF rating is wrong?

Now is your chance to get even!!

For this special trophy (and only this trophy) you can buy seconds added to your rating @ \$10.00 per second. Buy as many seconds you like. All proceeds will go to the American Cancer Society.

The Rating Buster Trophy shall be scored separately and has no bearing on the overall scoring or any other trophy awarded at this event.

How many seconds do you want to buy @ \$10.00/second _____ ? Total \$ _____

Name: _____

Yacht: _____

Sail#: _____ Current PHRF Rating: _____

ENTRY FEE: \$50.00 on or before 8/16/09

ADDITIONAL CONTRIBUTION: \$ _____

PHRF BUSTER SECONDS: \$ _____

TOTAL ENCLOSED: \$ _____

Please make check payable to the

AMERICAN CANCER SOCIETY or charge my:

() Visa () MasterCard () Amex

Card #: _____

Expiration Date: _____ Signature: _____

For Further Racing Details & Return of Entry Form:

Ted Turner, Regatta Chairperson 631.476.8834 or Fax 631.476.8573
80 Old Post Road, Mount Sinai, NY 11766

website: www.mssa.org e-mail: anomaly@optonline.net