

REGISTRATION FORM

MOBJACK 43rd NATIONAL CHAMPIONSHIP REGATTA

Skipper's Name _____

Skipper's Address _____

Skipper's Phone Number: Day _____ Evening _____

Skipper's E-mail Address: _____

Boat Name: _____

Boat Number: _____ Sail Number (if different) _____

Hull Color _____ Spinnaker colors: _____

Skipper Fleet Association _____

Crew Name: _____

Crew Address: _____

Crew Email Address: _____

Will Skipper be 63 years of age or older at the start of the regatta? Yes / No

Will Skipper be less than 21 years of age at the start of the regatta? Yes / No

Distance boat is being towed to participate in the regatta? _____ miles.

Has the skipper previously competed in a Mobjack National Championship? Yes / No

Is the crew related to the skipper? Yes / No If yes, how? _____

Fees and payment:

Includes race fees, marina fees, breakfast, Saturday BBQ dinner, refreshments for skipper & one crew.

Registration Fee \$ _____ x 1 = _____

Until August 1, 2002 (\$125.00). After August 1, 2002 (\$150.00)

Extra adult Friday Buffet Dinner \$14.95x _____ = _____

Extra child Friday Buffet Dinner \$ 7.50x _____ = _____

Extra adult Saturday BBQ Dinner \$20.00x _____ = _____

Extra child Saturday BBQ Dinner \$10.00x _____ = _____

Boxed lunches for both Friday & Saturday (per person) \$6.00 x _____ = _____

Tee shirts – specify quantity & size: _____ M _____ L _____ XL \$ x _____ = _____

Make checks payable to and mail to: Lewes Yacht Club Attn: Mobjack Nationals

P.O. Box 2

Lewes, DE 19958

Competitor Assertion:

I agree to be bound by the Racing Rules of Sailing and by all the other rules that govern this event.

Skipper Signature: _____ Date: _____