



The San Francisco Yacht Club Race Entry 2008 SF Bay Opti Champs/Leukemia Cup

Sail Number _____

Fleet (circle one) Green (all ages) Red (13-15) Blue (11-12) White (9-10)

Skipper _____ Club _____

Address _____ Birth Date _____

E-mail _____ Phone _____

Emergency Contact name & phone number during regatta _____

Waiver: In consideration of my child participating in The San Francisco Yacht Club Youth Dinghy Regatta, I agree to accept risks of injury to my child, to hold The San Francisco Yacht Club, its officers, Directors, employees and members harmless from any claims of any nature whatsoever, arising out of or in any way connected with the operations of the regatta whether on land, or afloat, or traveling to or from the regatta location.

Parent/Guardian Signature _____ Date _____

Entry Fee for Regatta: \$50

Donation to Leukemia & Lymphoma Society _____

Your cancelled check is your tax-deductible receipt

Total _____

Payment method: Check # _____

 SFYC member # _____

 Cash _____