



# Sheboygan Yacht Club

## 2018 Race Program Entry Form

Owner/Skipper \_\_\_\_\_

Boat Name \_\_\_\_\_

Address \_\_\_\_\_

Sail Number \_\_\_\_\_

\_\_\_\_\_

Make or Class \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Hull Color \_\_\_\_\_

Email Address \_\_\_\_\_

PHRF Rating \_\_\_\_\_

US Sailing Member # \_\_\_\_\_

Yacht Club \_\_\_\_\_

In consideration of the acceptance of my entry, I hereby agree to be bound by the ISAF Racing Rules of Sailing and all other rules that govern this program. I also agree that my boat will be equipped and outfitted in accordance with the Notice of Race and that it will have all the required equipment aboard in hull, rig and sails and that it will be competently crewed and operated. I further accept and agree to all or the covenants, instructions and additional sailing instructions concerning this racing program. As Owner/skipper, I agree to abide by all conditions of the SYC racing program and accept full responsibility for the conduct and safety of each member of my crew and guests arising from participation in any of the activities of this program.

I further acknowledge and agree to waive, release and discharge of any and all claims that I or my representatives may have against the Sheboygan Yacht Club Race Committee, the Sheboygan Yacht Club, the officers, board members, employees, agents or volunteers for any damage or injury arising out of my participation in any of the activities related to the program. I knowingly assume the risks of yacht racing and agree that the decision to start and continue a race is solely my responsibility.

Owner/Skipper Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### ***Entry form must be accompanied by:***

1. Certificate of Insurance with a minimum of \$300,000 liability coverage through September 13, 2018.
2. Entry fee for non-SYC members. (SYC members will be billed.)

Please send entries and fees payable to the Sheboygan Yacht Club to:  
Sheboygan Yacht Club, 214 Pennsylvania Ave., Sheboygan, WI 53081

Non-SYC member entries will be acknowledged upon receipt.

---

### ***SYC RC Use Only***

\_\_\_\_\_ Entry Fee  
\_\_\_\_\_ Insurance Certificate  
\_\_\_\_\_ PHRF Certificate

Date \_\_\_\_\_