

Corinthian Yacht Club of Tacoma 2017 Entry Form

Skipper's Name _____

Address _____

City _____ State _____ Zip _____

Cell Phone _____ Home Phone _____

Email Address _____

Boat Name _____ Sail# _____

Boat Make/Model _____ Hull Color _____

Yacht Club _____

Class Selection - Pick ONE (For Challenger Class, if you do not have a rating - Write in TBD)

____ PHRF _____ Rating
____ Challenger _____ Rating
____ Windseeker

In consideration for participating in this event. I represent to its organizers that my yacht has liability insurance currently in effect, covering property damage, personal injury and death in the amount not less than \$300,000 per occurrence and that the policy covers yacht racing activities. I acknowledge that the decision to enter my yacht and participate in this event is solely my own; and I agree to be bound by the Racing Rules of Sailing as adopted by US Sailing, including national prescriptions; except as modified by the Vessel Traffic Safety Rule, the organizers, and sailing instructions for each specific event. I will monitor VHF channel 14 in the vicinity of or while occupying the VTS Lanes.

Skipper's Signature _____

Date _____

Race / Series / Package Entered _____

Total Race Fee Enclosed _____

Mail all entries to:

Race Chair - Corinthian Yacht Club of Tacoma
5624 Marine View Drive
Tacoma, WA, 98422