2009 Niagara Cup & Jack Beatty Memorial Hospice Regatta

Entry Form

Boat Name:_____ Sail #:_____

Type:_____

Spinnaker PHRF#:_____ M & J PHRF#:_____

Owner's Name:_____

Address:_____

Telephone: Home:_____ Work/Cell:_____

E-mail Address:_____

Is owner a member of NOLSC: Y N
If no, what club or marina do you sail from:_____
What division do you wish to compete in: Main & Jib ☐
Spinnaker ☐
One Design ☐ _____

All Visiting Boats must be prepared to Raft on the river wall at NOLSC

Entry fee: Regatta @ $50 = _____
Regatta Meal Deal each: _____ @ $20 = _____

(Pre-order for dinner must be received by July 9, 2009) Total = _____

Payment by: ☐ Cheque ☐ Cash ☐ Credit Card
Credit Card Type: (Please circle one) Visa MasterCard

#:_____ Expiry Date:_____
Make cheques payable to: Niagara-on-the-Lake Sailing Club

WAIVER AND RELEASE OF LIABILITY

I understand that the safety of my yacht and that of it's crew, and the decision whether or not to start or continue to race are my responsibility and not that of the Niagara-on-the-Lake Sailing Club. In consideration of the Club's acceptance of this entry, I, for myself and my heirs, legal representatives, successors and assigns, hereby waive ant and all claims that I and any of them may at any time have against the Club, it's officers, members of the Board of Directors, Chairmen and members of Club committees, other Club members, and any of their employees and agents arising out of my participation and the participation of my yacht in this event. I also agree to be bound by the rules of the International Sailing Federation Racing Rules of Sailing, the Notice of Race, the Sailing Instructions, and by all other rules that govern all club races.

_____ _____
Signature of Owner Date

Return to: Niagara-on-the-Lake Sailing Club
10 Melville Street Box 1007, N-O-T-L, ON, L0S 1J0 nolsc@niagarasailing.on.ca
Phone #: (905) 468-3966 Fax #: (905) 468-7470