

Registration Form
THE GREAT RACE
Saturday, September 9, 2017

Name: _____ US Sailing ID#: _____
Or
Street: _____ MBSA #: _____
City: _____ State: _____ ZIP: _____
Yacht Club: _____ Vessel Name: _____
Builder: _____ LOA: _____ Sail Number: _____
2017 PHRF Racing Rating: _____ 2017 PHRF Cruising Rating: _____

I choose to compete under my:
Racing Handicap _____
Cruising Handicap _____

I hereby certify that the above referenced yacht will be outfitted and equipped in accordance with ORC Category 4 requirements and in accordance with the conditions of the race and that I will comply with all governmental regulations. I assume all responsibility for her seaworthiness and for my competency and that of my crew.

I hereby absolve the Annisquam Yacht Club, Eastern Point Yacht Club, their officers, members, employees, and race committee members from all responsibility or liability for loss of life or injury or for loss or damage to my vessel, equipment or other property.

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

Signature: _____ Date: _____

Please return this form along with your check payable to the Annisquam Yacht Club in the amount of \$40.00 (minus \$5.00 for US Sailing members and \$5.00 for MBSA members) to:

The Great Race
Annisquam Yacht Club
17 River Road
Gloucester, Massachusetts 01930

**Entry forms must be received at Annisquam Yacht Club no later than Friday, September 8th,
2017**