



REGISTRATION FORM

Skipper: Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone () - _____ Cell Phone () - _____

Email _____ @ _____

Please include an email where you would like to receive results and updates.

Skipper's Age _____ DOB _____ Sail # _____

Club Association _____

US Sailing # _____

4.7 Radial Full Sunfish

All competitors must sign a medical release/waiver form before the Series begins. **Sailors who register and pay for the full series may leave their hull at the center.** All boats that stay at the center must have a top cover and a dolly, and must be removed in the case of a severe storm. Boats left after October 25, 2015 will be charged storage fees.

Entry Fees

Pre Registration Fee	\$150.00	entries received before	8/31/2017
Registration Fee	\$180.00	entries received on or after	8/31/2017

To Register

Please send this completed registration form, a signed medical release form, and entry fee to: Dinghy Shop Inc, Attn. Fall Series, PO Box 431 Amityville, NY 11701.

All entry fees are payable by cash, check, Visa or Master Card. Make checks payable to: Dinghy Shop Inc.

Credit Card # _____

Expiration Date _____

Name on Card _____

Signature _____

FALL SERIES

REGISTRATION

**RAKE MASTS
NOT LEAVES!**