Mattapoisett Yacht Club
2011 Wednesday Night Racing Series

ENTRY FORM

Skipper's Name:_____ Email:_____
Skipper's Address:_____
Home Phone:_____ Cell Phone: _____
Owner (if not skipper): _____
Emergency Contact: _____
Boat Name: _____
Sail Number:_____ Topside Color:_____
PHRF:_____

Fees

July Series	MYC Member $55_____	Non-Member $75 _____
August Series	MYC Member $55_____	Non-Member $75 _____

If after 6/8/11 $10____

Please make checks payable to: **Mattapoisett Yacht Club**
and mail with entry to: Mattapoisett Yacht Club
PO Box 421
Mattapoisett, MA 02739

WAIVER OF LIABILITY: By participating in this event, I understand that I voluntarily assume and acknowledge the risks of sailing. By signing this form, I agree to hold harmless and free of any liability the Mattapoisett Yacht Club, it's members, or individuals appointed or volunteering on the Race Committee, for any damage – material or personal - suffered by me or any of my crew members, during racing or otherwise

Skipper Signature _____ Date: _____