

**2017 ECSC Regatta
Registration Form
July 8-9, 2017**



Skipper's Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Telephone Number: _____
 E-Mail: _____
 Boat Type: _____ Sail Number: _____ Fleet: _____
 I am a member of my class association: YES ___ NO ___
 Crew Names: _____

NOTE: Boats the handicap fleet that do not have an ECSC PHRF Handicap Form on file with ECSC RACING must provide one at check-in table before close of registration.

REGATTA FEES:

	Total	
Registration		<u>\$ 70</u>
Meal packages (two meal packages included in registration) *	_____ @ \$20	<u>\$ _____</u>
T-Shirts ** S___ M___ L___ XL___ 2XL___ 3XL___	_____ @ \$15	<u>\$ _____</u>
Total Regatta Fees		<u>\$ _____</u>

* Meal package includes:

Saturday – continental breakfast, lunch (sandwiches), catered dinner

Sunday – continental breakfast, post-race cookout

** Indicate quantity by size.

MAKE CHECKS payable to: ECSC Regatta
 Mail completed registration forms to: Goff Endris
 13927 Stonemill Circle
 Carmel, IN 46032

LIABILITY RELEASE

I, _____ in consideration of and as inducement to the EAGLE CREEK SAILING CLUB, (hence forth to be known as ECSC) permitting my crew and me to enter the regatta, do hereby certify and represent that I will be bound by the ECSC Sailing Instructions and The Racing Rules Of Sailing; and that my boat is seaworthy, that I am qualified to handle my boat, that I and/or my crew are able to swim, that my boat has proper life saving equipment; and being fully aware of any and all dangers inherent to sailing and sailboat racing, willingly assume the risk and do hereby release the ECSC, its officers, directors, chairmen, and all others who conduct this regatta from any and all liability as may arise by virtue of my participation in the regatta.

Signature: _____ Date: _____