form Skinnar's Nama:					
Skipper's Name:Address:					
Address:	State:		7	in Code:	
City: Class Entere	_ State.	Sail N	Jumb	ip Code. er	
US Sailing Membership #:	u	5411 1	uiiio	cı	
I am a member of my class association:			YES	NO)
Crew Names					
Telephone Number:	E -Mail				
NOTE: Boats racing in the handicap fleet to on file with the ECSC RACING must fill or registration. REGATTA FEE: (INCLUDES one \$10 moderness)	out and turn i	n at check \$10 shirt)	t-in ta	ible befor	re close of
(Or emailed to regatta chairman) Late Registration		\$ 1	5.00	\$	
Late Registration		Ψ +	3.00	Ψ	
Additional Meals*	#	@ \$5	5.00	\$	
Additional Regatta Shirts**	#	@ \$1	0.00	\$	
US Sailing Membership	Deduct \$5 if	educt \$5 if member		\$ ()
Check # Cash MAKE CHECKS payable to: ECSC		Total		\$	
LIABILITY RELEASE					
I,	(hence forthereby certify as and The Ray, that I am que boat has propherent to sail ECSC, its offend all liability	to be known and representing Rule alified to ber life sawing and safects, directly as may	wn as ent the SOf hand ving eailboactors,	ECSC) Jat I will Sailing (le my boquipmen tracing, chairme	permitting race and RRS pat, that I t; and willingly en, and all
~					
Date					