

# P. H. Y. C. RACE REGISTRATION

APPLICANT \_\_\_\_\_ BOAT NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
Street City State Zip

PHONES: \_\_\_\_\_  
Home Work Fax

EMAIL ADDRESS: \_\_\_\_\_

BOAT DATA: \_\_\_\_\_  
Boat Type (examples: Cal 25, J-35) LOA ft Draft ft Beam ft Weight lbs Sail Number MC#

BOAT INSURANCE: \_\_\_\_\_  
Company Policy Number

Liability insurance is required to participate in the PHYC/SYC Race Program. It is the responsibility of each participant to set adequate limits and maintain coverage for the duration of the participation in the Race Program.

Intended Racing Classes: Spring \_\_\_\_\_ Fall \_\_\_\_\_ Special \_\_\_\_\_ Yacht's Rating \_\_\_\_\_  
Racing Classes Planned: PHRF, 6M, 30 SQ, Cal 25, Cruising, Handicap  
Please provide information for all options.  
Your rating will be fixed for the year before the first race of the season.

This Race Registration form must be completed in full, signed, and returned to your Race Chairman before you are permitted to race in any PHYC/SYC sponsored races. Please submit this Race Registration before February 15. Race Registrations received after February 15 will be assessed a \$10.00 late processing fee.

## Skipper Questionnaire

1. Which for the following Series Formats do you prefer from the 2005 race program for use in the 2006 program, (one vote per yacht registration)?

One Race per Day \_\_\_ Two Races per Day \_\_\_ No Preference \_\_\_

2. Do you plan to participate in the 2006 Detroit NOOD with your boat, YES \_\_\_ NO \_\_\_? If NO, see item 3.
3. Do you plan to crew for another boat during the 2006 Detroit NOODS, YES \_\_\_ NO \_\_\_? If NO, see item 4.
4. Does your normal crew plan to race the 2006 Detroit NOOD with another boat entered in the regatta YES \_\_\_ NO \_\_\_? If yes how many \_\_\_?

It is the sole and inescapable responsibility of the skipper of the yacht to decide whether or not to start or continue a race. I agree to be bound by The Racing Rules of Sailing and all other rules that govern the Race Program.

Signed \_\_\_\_\_ Date: \_\_\_\_\_

Please mail to: P.H.Y.C. P.O. Box 611362 Port Huron, MI 48061-1362; Attn: Rear Commodore & Race Chairman.  
**Registrations Received AFTER FEBRUARY 15 survey input May NOT Be Considered For NEXT SEASON**