



2008 LABOR DAY WEEKEND

August 30th & 31st, 2008



RACE REGISTRATION

PLEASE PRINT CLEARLY



OWNER AND YACHT INFORMATION

OWNER _____		BOAT NAME _____		YACHT CLUB _____	
HOME ADDRESS _____					
Street		City		State Zip	
PHONES: _____			EMAIL ADDRESS: _____		
BOAT TYPE: _____			SAIL NUMER _____		

RACE AND CLASS SECTION

<input type="checkbox"/> Sat – Friendship Race	Select Sat Class: <input type="checkbox"/> PHRF <input type="checkbox"/> CRU ASM <input type="checkbox"/> JAM
<input type="checkbox"/> Sun - Memorial/Leukemia Race	Select Sat Class: <input type="checkbox"/> PHRF <input type="checkbox"/> CRU ASM <input type="checkbox"/> JAM

HANDICAP INFORMATION

2008 Lake Huron PHRF Association Rating _____
2008 PHRF rating from another region _____
What region _____ (Certificate submission required)

DOCKAGE

Do you require dockage at PHYC <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require dockage at SYC <input type="checkbox"/> Yes <input type="checkbox"/> No
What date will you be arriving _____
What date will you be departing _____

We are asking for skippers that are racing in the Memorial / Leukemia Race make a minimum donation of \$75 to *The Leukemia & Lymphoma Society*.

Liability insurance is required to participate. It is the responsibility of each participant to set adequate limits and maintain coverage for the duration of the participation. 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: _____