

**Entry Form**  
**National Hospice Regatta Championship 2003**  
April 11-13, 2003 - Annapolis, Maryland

SKIPPER NAME \_\_\_\_\_ REPRESENTING \_\_\_\_\_ HOSPICE REGATTA \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DAY PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

FAX \_\_\_\_\_ E-mail \_\_\_\_\_

US SAILING MEMBER Yes / No (Circle One) US SAILING NO. \_\_\_\_\_  
*Skippers must be members of their National Authority*

OUR TEAM WILL BE STAYING AT \_\_\_\_\_ PHONE# \_\_\_\_\_

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*By entering and starting in this event, as the Skipper of the entry, I agree to comply with all conditions and rules that apply to it.*

*In consideration of being permitted to enter this event, being knowledgeable of the risks of competitive sailing, and knowing that it is solely my responsibility to decide whether to start or continue a race, I voluntarily assume the risk of participation in this event and release the National Hospice Regatta Alliance, its Race Committee, and its officers, directors, members, employees or agents, from all liability in connection with any injury or damage that may occur.*

*I hereby give permission for my image, voice, boat, and crew to be photographed and used in promotion of this event and/or other related events.*

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**CREW INFORMATION**

List skipper and up to 4 crew, excluding the Owner or Owner Representative. Additions and substitutions are permitted later by notifying race organizers.

**Skipper Name** \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

phone(s) \_\_\_\_\_

email \_\_\_\_\_

**Crew Name** \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

phone(s) \_\_\_\_\_

email \_\_\_\_\_

**Crew Name** \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

phone(s) \_\_\_\_\_

email \_\_\_\_\_

**Crew Name** \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

phone(s) \_\_\_\_\_

email \_\_\_\_\_

**Crew Name** \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

phone(s) \_\_\_\_\_

email \_\_\_\_\_

**MAIL THIS ENTRY FORM TO: Linda Ambrose, Event Coordinator, 1106 Van Buren Street, Annapolis MD 21403**

**Contact: Linda Ambrose – [lbba@mindspring.com](mailto:lbba@mindspring.com)**