

National Hospice Regatta Championship

April 16-18, 2004 - Annapolis, Maryland

2004 Official Entry Form

SKIPPER INFORMATION:

Name _____	Representing _____
<i>(Local Hospice Regatta)</i>	
Mail Address _____	
City _____	State _____ Zip _____
E-mail Address _____	US SAILING MEMBER # _____
<i>(Skippers must be members of their National Authority)</i>	
Daytime Phone # _____	Evening Phone # _____
Fax# _____	Cell Phone # _____
<i>(Number that you can be reached while in Annapolis)</i>	

OUR TEAM WILL BE STAYING AT; _____ PHONE# _____
(Name of local hotel or guest house)

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 up to 4 crew, excluding the Boat Owner or Owner's Representative.

Crew Name* _____	Crew Name* _____
Address _____	Address _____
City _____	City _____
State _____ Zip _____	State _____ Zip _____
E-Mail _____	E-Mail _____
Crew Name* _____	Crew Name* _____
Address _____	Address _____
City _____	City _____
State _____ Zip _____	State _____ Zip _____
E-Mail _____	E-Mail _____

*If additional local crew are needed, please use a crew space above to request (specify crew position if possible).
Crew additions or substitutions are permitted later by notifying race organizers.

MAIL THIS ENTRY FORM TO:

Linda Ambrose, Event Coordinator
1106 Van Buren Street,
Annapolis MD 21403

CONTACT:

Linda Ambrose
Phone; 443-994-4235
E-Mail: linda_ambrose@hospiceregattas.org

Entry must be received by March 13, 2004.