



*Saturday, February 2<sup>nd</sup>, 2008*  
**Regatta Entry Form**

Entry received on or before January 25, 2008 = \$100 (\$111 for non US Sailing Members)	or	\$ _____
Entry received after January 25, 2008 = \$125	or	\$ _____
Entry received after January 29, 2008 = \$200		\$ _____
_____ Extra party passes @ \$30 each		\$ _____
_____ Long sleeve oxford shirt(s) @ \$30 each (specify quantities and sizes)		\$ _____
XXL ___ XL ___ L ___ M ___ S ___		\$ _____
	<b>Grand Total</b>	\$ _____

Boat entry includes: 1 Shore Party pass
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Make checks payable to: Avow Hospice

Visa or MasterCard #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name as it reads on card: \_\_\_\_\_

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Boat Name: \_\_\_\_\_ Hull Color \_\_\_\_\_ Sail Number: \_\_\_\_\_

Owner/Skipper Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Boat make/length: \_\_\_\_\_ Draft \_\_\_\_\_ Beam \_\_\_\_\_ Rig \_\_\_\_\_

PHRF rating: RLC \_\_\_\_\_ Buoy \_\_\_\_\_ (include copy of current rating certificate)  
or I do not have a PHRF rating and request the Race Committee to assign one \_\_\_\_\_.

Entry to: Spinnaker A1 \_\_\_ Spinnaker B2 \_\_\_ Non-Spinnaker 3 \_\_\_ True Cruising 4 \_\_\_  
Multi-Hull 5 \_\_\_ Sport Boat 6 \_\_\_

**Release of Liability: Competitors participate in this Regatta entirely at their own risk. See Rule 4, Decision to Race. The Organizing Authority, it's Race Committee, it's Officers, it's Members and it's Employees will not accept any liability for material damage or personal injury or death sustained in conjunction with or prior to, during or after this Regatta.**

I have read, understand and agree to be bound by US Sailing's "The Racing Rules of Sailing" and understand that these rules will govern this Regatta. I warrant that during this Regatta and its related activities, my yacht will be equipped and handled in accordance with these Rules and Regulations. I further warrant that my boat is seaworthy and crewed by competent persons and that I have adequate insurance coverage.

Owner/Skipper \_\_\_\_\_ Date \_\_\_\_\_

For more regatta information, call Carolee Steelman – 239-691-8458  
All Regatta forms and information are available at: [www.avowhospice.org](http://www.avowhospice.org)  
\*\*\*Deadline for entry is February 1, 2008 @ 1800 hours\*\*\*

Mail entry form (with check) to: Avow Hospice/Regatta, 1095 Whippoorwill Lane, Naples, FL 34105  
Fax (credit cards only) entry form to: 239-261-8683