

National Hospice Regattas Championship

May 9 – 11, 2008 - Annapolis, Maryland

Official Entry Form

SKIPPER INFORMATION:

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

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* _____ Address _____ City _____ St. _____ Zip _____ E-Mail _____ ISAF Classification ID# _____ | Crew Name* _____ Address _____ City _____ St. _____ Zip _____ E-Mail _____ ISAF Classification ID# _____ |
| Crew Name* _____ Address _____ City _____ St. _____ Zip _____ E-Mail _____ ISAF Classification ID# _____ | Crew Name* _____ Address _____ City _____ St. _____ Zip _____ E-Mail _____ ISAF Classification ID# _____ |

*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.

2008 Championship entry fee is \$575.00 US. (Includes 5 social passes for Skipper & crewmembers)

Entry form and full entry fees must be received by March 1, 2008.

(Please make checks payable to National Hospice Regatta Alliance)

\$575.00 _____

MAIL THIS ENTRY FORM AND FEE TO:

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

CONTACT:

Linda Ambrose
E-Mail: lambrose@hospiceregattas.org