

HOSPICE REGATTAS NATIONAL CHAMPIONSHIP

May 12-14, 2006

SOCIAL & SPECTATOR RESERVATION FORM

due Monday, May 8

NAME _____

ADDRESS _____

PHONE(s) _____

EMAIL _____

Please reserve the following numbers of passes for me and my guests*:

Social Passes

Each sailing team gets 5 complimentary passes, but please estimate total number of people to help us plan

Friday Team & Guests @ no charge _____ (number)

Saturday Skipper & Crew - up to 5 @ no charge _____ (number)

Saturday Guests _____ (number) @ \$50 = \$ _____ (amount)

Sunday Team & Guests _____ (number)

TOTAL \$ _____

SPECTATOR BOATS

Reservations required at no charge - passage based on conditions & availability. Light beverages provided, lunches available by advance order, \$10 per person.

Friday - 11am-4:30pm _____ # of people* _____ lunches @ \$10 \$ _____

Saturday - 9:30am-4:30pm _____ # of people* _____ lunches @ \$10 \$ _____

Sunday - 9:30am-2:30pm _____ # of people* _____ lunches @ \$10 \$ _____

TOTAL \$ _____

*NAMES of Spectators, days attending & key phone numbers **so we don't leave the dock without you!**

VERY IMPORTANT: In case of emergency changes, how can we contact you 5/12-14?

Make checks payable to the **National Hospice Regatta Alliance**. Mail checks to: Linda Ambrose, 1106 Van Buren Street, Annapolis, MD 21403