

**ENTRY FORM: Mail to: Sail For Others, 48 Ballou Blvd., Bristol, RI 02809**  
**More information: 401-253-8802 (p) 401-253-9395 (f) or**  
**[david@gmtcomposites.com](mailto:david@gmtcomposites.com)**

**Skippers Name:**

**Address:**

**Boat name:**

**Type:**

**Sail number:**

**Contact info: Work Phone:**

**Home phone:**

**Email:**

**Enclose check made out to Home & Hospice Care of Rhode Island**

**Entry received prior to August 13 \$50.00**

**Entry received after August 13: \$60.00**

**I wish to race Non Spinnaker Division: (PHRF-NB Rating)**

**I wish to race Spinnaker Division: (PHRF-NB Rating)**

**I can raise additional money for HHCRI as part of this event. Tell me how \_\_\_\_\_.**

**I don't have a rating but would like to race. Let me know how I can do this \_\_\_\_\_.**

**I can't race but I would like to make a donation or help sponsor the event \_\_\_\_\_.**

**I don't have a boat to race on but I would love to go. Please accept my donation in the amount of \_\_\_\_\_ (\$25. minimum) and find me a nice boat to sail on.**

**Waiver: I understand that the safety of my yacht, the safety of its crew, and the decision whether or not to start or continue to race, are solely my responsibility and not that of the group and individuals organizing or running this event. In consideration of the acceptance of this entry, I waive any claims arising out of my participation and the participation of my vessel in this event. I agree to be bound by the Racing Rules of Sailing 2001-2004.**

\_\_\_\_\_  
**Signature of applicant**

\_\_\_\_\_  
**Date**

**SAIL FOR FUN SAIL FOR HOSPICE**