



ONE DAY CHASE RACE
APPLICATION/ENTRY FORM
15TH ANNUAL REGATTA TO BENEFIT MAKE-A-WISH
AUGUST 1, 2009

Skipper
Name: _____

Crew
Name: _____

Address: _____

(Please List any Additional Crew on the back of this form if known)

Skipper's Telephone Number: _____ **Email:** _____

Yacht Design (e.g. J-30): _____ **Sail Number:** _____

Boat Name: _____ **PHRF Rating** **Racing** _____ **Cruising** _____

Spinnaker Division: _____ **Non-spinnaker Division:** _____

If rating unknown, one will be assigned

Early registration will facilitate your receiving your start time.

Starting Times will be sent by email, or will be available at the skipper's meeting, or at Saturday's registration.

Registration Fee is \$75.00 per boat (Includes two tickets for Saturday Night Dinner) _____

Registrations after 7/29/2009 will make an additional \$25.00 contribution to MAW _____

Additional Dinner Tickets \$25.00 each # of tickets _____ x \$25.00 _____

I can not be there but I would like to donate (Tax deductible contribution) _____

TOTAL _____

Make Checks Payable to: CPYC/MAKE-A-WISH REGATTA
Mail to Janine Stanton, CPYC, One Baker Square, Winthrop, MA 02152
MAW@CPYC.ORG

Thank you for your support