4 Sisters' Annual Regatta

4 Sisters' Regatta-Port Credit Yacht Club -July 22-23, 2006

Note: An "Early Bird" discount of $15 will apply to all participant registrations received before July 12, 2006

Mail completed form to: Port Credit Yacht Club, 115 Lakefront Promenade, Mississauga, ONT, L5E 3G8 or fax to (905) 278-2519

Check One: ☐ **SKIPPER** ☐ **CREW** ☐ **COACH**

FEE PER SAILOR = C/CAN $75 **FEE PER COACH CAN $30**

PLEASE PRINT CLEARLY *one letter / number per box*

SAIL NUMBER

IMPORTANT _ Please register correct sail #

CLUB (if applicable)

Class of Boat:

(Circle) Green Blue White Red

☐	**Opti**	☐	**Laser**	☐	**420 (Spin)**
☐	**Radial**	☐	**Laser >> (Spin)**	☐	**420 (WS)**
☐	**Byte(if not Cdns)**	☐	**Laser >> (WS)**	☐	**Other** (Specify) _____
☐	**CII (if not in Cdns)**	☐	**29er**		

First Name:

Last Name:

Address:

City:

Prov / State **Postal / Zip Code** ___ - ___

Phone No: ___ - ___ - ____

Gender: **Male** ☐ **Female** ☐ **Year of Birth:** 1 9 ☐☐

Form of payment: (please do not split form of payment)

☐ **Cash** ☐ **Cheque - Payable to: Port Credit Yacht Club** ☐ **VISA** ☐ **MasterCard**

Name on Credit Card:

Credit Card No.

Total Amount Paid $ _____ **Expiry Date** ☐☐ / ☐☐

Office Use Only-Total Received $

WAIVER

Before sailing I agree to read the rules and regulations issued for this event and agree to be bound by them. In consideration of acceptance of this entry form or my being permitted to take part in this event, I agree to save harmless and keep indemnified the Port Credit Yacht Club, its organizers and their respective agents, officials, servants and representatives from and against all claim, actions, costs, expenses and demands irrespective of death, injury, loss or damage to my personal property, howsoever caused arising out of or in connection with my taking part in this event notwithstanding that the same may have been contributed to or caused or occasioned by the negligence of the same bodies, or any of them, or their agents, officials, servants or representatives. I further understand and agree that this release is binding upon myself, my heirs, executors and assigns.

IF SAILOR / COACH IS 18 YEARS OR UNDER THIS WAIVER MUST BE SIGNED BY PARENT OR GUARDIAN

Print Name of Parent or Guardian _____

Signature: _____ Date: _____