M.O.R.C. Stn. 26 Double Handed Series 2018

June 11, July 9, Aug 13, Sept 10

$20 per Boat

Skipper's Name: _____

Address:

_____

Phone Number:_____

Email:_____

Crew's Name:_____

Boat Name:_____

Boat Make:_____

Sail Number:_____

Club:_____

Rating:_____

Insurance Holder and Policy Number :

_____

_____

Waiver

It is the sole and inescapable responsibility of the skipper of the yacht to decide whether or not to start or continue a race. I agree to be bound by the Racing Rules of Sailing and all other rules that govern the Race program.

Skipper's Signature:_____

Date:_____

Crew's Signature:_____

Date:_____

Please make cheque payable to MORC Stn 26.