

Town Class National Championship and Team Race Touisset Point Community Club, Warren, RI August 16^{th} 17^{th} and 18^{th} 2019

	TRY F			
Name: (SKIPPER)				
Address:				
(Street		City/Town	State	Zip)
Telenhone:	Fleet:			
Telephone:(Area Code Number)	11000			
Crew Name Primary				
Crew Name Alt. #1				
Crew Name Alt. #2				
Boat Name: Sai	il #:	Hull #:	Hu	ll Color:
Arrival:				
Arrival: Day & Date Hour AM PM		Trailer or Tow	_	
Includes Friday evening Happy Hour party, Continent Bagged lunch on Saturday, Lunch and Awards on Sur				ny,
Number of additional Saturday Dinners Dinner and the Touisset Point Community Club] x \$35.00	\$	_
Number of Additional Breakfasts or Lunches [] x \$5.00	\$	
Total enclosed:			\$	_
Names of guests:				
Would guests like to be on a spectator boat if possi	ble? Ye	es[]No[]		
Make checks payable to Touisset Point Co	mmuı	nity Club & ret	turn this	form &
Touisset Point Community Club				

66 Touisset Road Warren RI 02885

Entry forms must be received by Au Comments or questions to Regatta (O ,			
v	VAIVER OF LIABILITY			
I agree, upon acceptance to participate in the 2019 National Town Class Regatta to abide by all the requirements and rules and regulations as established by event hosts and the Touisset Point Community Club. The undersigned acknowledges that in consideration of the efforts of the host organization(s), for being allowed to participate in this regatta and the acceptance of this application to race, he does hereby waive and release any and all claims the undersigned and crew may have against the host(s), its officers, committee members and representatives arising out of the activities required for the races on the water, and does further covenant and agree not to sue or to bring any claim or claims of any nature whatsoever against the host organization(s) or any of the persons and officers named, or unnamed, above who may be acting on the host(s) or its/their behalf.				
Skipper's Signature:	Date:			