



SOLING 1M R7 CR ENTRY FORM

February 22-23, 2020

First & Last Name: _____

Address: _____

City: _____ State: _____

Zip/Postal Code: _____ Country: _____

Email: _____

Phone (H): _____

Phone (M): _____

AMYA #: _____ Expires: ____/____/____

Sail #: _____

Entry Fee: \$40.00

Guest lunches@ \$6.00 _____

Amount enclosed: \$_____

Mail completed form with entry and check payable to Sarasota Model Yacht Club to:

Bill Schmeising
4545 Highland Oaks Circle
Sarasota, FL 34235

Liability: In consideration for accepting this entry, I hereby for myself, my heirs, executors and administrators waive and release any and all rights to claim damages that I may have or acquire against the Host, Sarasota Model Yacht Club or its members, the sailing site, and the American Model Yachting Association, or its members from any claim for injury or other damages to me or my family during this regatta's events. I agree to be bound by The Racing Rules of Sailing and by all other rules that govern this event.

Participant's signature: _____ Date: _____