

2012 SeaWind Region 5 Championship

Skipper's Name: _____ AMYA #: _____
Address: _____ Email: _____
City: _____ State: _____ Zip Code: _____
Phone: _____

Boat Color: _____ Boat Name: _____
Sail #: _____
Channel #1: _____ #2: _____ #3: _____ 2.4ghz _____

Regatta fee is \$40.00 (registration fee covers lunch for both days for skipper only)

Additional Lunches _____ @ \$7.50 per person per day

Additional Donation _____

Total remittance _____

Please make checks payable to **Marvin Burrows** with SeaWind in the memo section.

Send to:

SeaWind Region 5 Championship
c/o Bob Piper
2020 Firewater Place
Lewisville, TX 75067

I hereby for myself, my heirs, executors and administrators waive and release any and all right to claim damages that I or my family may have or acquire against the North Texas Model Yacht Club, the SeaWind Class Owner's Association, the American Model Yacht Association and the City of Lewisville for any and all injuries suffered by me or my family during this regatta. I have read the Notice of Race for this event and accept it's conditions and rules.

SIGNATURE: _____ DATE: _____

PLEASE RETURN THIS FORM EITHER VIA EMAIL (hobierp@robertpiper.com) OR TO THE ADDRESS LISTED ABOVE