

M.O.R.C. Stn. 26 Double Handed Series 2015

June 8, July 6, Aug 17, Sept 14

\$20 per Boat

Skippers 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.

Skippers Signature: _____

Date: _____

Crew's Signature: _____

Date: _____

Please make cheque payable to MORC Stn 26.