

M.O.R.C. Stn. 26 Double Handed Series 2024  
June 10, July 15, Aug 19, Sept 16  
\$20 per Boat

Skipper's Name: \_\_\_\_\_  
Address: \_\_\_\_\_

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Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_  
Crew's Name: \_\_\_\_\_  
Boat Name: \_\_\_\_\_  
Boat Make: \_\_\_\_\_  
Sail Number: \_\_\_\_\_  
Club: \_\_\_\_\_  
Rating: \_\_\_\_\_  
Insurance Holder and Policy Number : \_\_\_\_\_

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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.