

**M.O.R.C. Stn. 26 Double Handed Series 2026**

June 8, July 13, Aug 17, Sept 14

**\$20 per Boat**

Skipper's 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.

Skipper's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Crew's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please make cheque payable to MORC Stn 26.**