Kingston Sailing Club



Commodore: John Stephenson Phone: (845) 546-9880 E-mail: jstephenson@hvc.rr.com

Maritime Cup Regatta Advance Registration Form

Name:	Club:					
Phone:	Cell phone:		_ E-mail:			
Address		Ci	ty:	ZIP:		
Yacht name:		Sail n	umber:			
Make & model:	Υ	'ear:	PHRF ratin	ıg:		
Fleet #1 HRY	RA PHRF up to 120	Spinnake	er			
Fleet #2 HRY	RA PHRF 121 - 160	Spinnake	r			
Fleet #3 HRY	RA PHRF 161 and u	p Spinnal	ker			
Fleet #4 HRY	RA PHRF 0 and up J	lib & Maiı	n			
Fleet #5 PHR	F 0 and up "Fun Fle	et" – for	newcomers	to sailboat racing		
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____ Fleet #6 "Small Boat Fleet" – non-keel boats under 18 feet

Regatta registration fee includes Racing, Saturday breakfast & barbecue, Sunday snacks, and beer & wine for skippers and crew.

Advanced registration; Check received by 5/30:

U.S. Sailing members: \$50.00 (USSA #_____) Non-members: \$55.00

On-site registration 5/31:

U.S. Sailing members: \$55.00 (USSA #) Non-members: \$60.00

Slips availab	le at the Hudson Rive	r Maritime	Museum at \$1.00/ft a	& night. Adv	anced registr	ation only
Boat name:		Arriving:	departing:	LOA:	ft.	
Nights:	Docking Fee: \$	(Include	e with registration fee)			

As a condition of my participation in the Maritime Cup Regatta and related activity sponsored by KSC, I hereby waive all claims which I may have against KSC and its respective officers, directors, members, committees, employees, agents, or sponsors, arising out of or in anyway connected with my participation. I will inform my insurance underwriter of this waiver and I will keep my liability insurance current. I agree that this waiver is binding on my heirs, representatives, successors and assigns.

Signature: ______ Date: _____, 2014

NOTE: Please return this form with check, made out to KSC, to our Treasurer:

Renee Stanley 124 Creek Side Drive Shandaken, NY 12480 Renee499@msn.com