



2009 SPIRIT OF ADVENTURE REGISTRATION **Race Fee \$75.**

Please complete the following information:

Name: _____ Cell Phone: _____

Address: _____

Boat Name: _____ Boat Type: _____

Sail Number: _____ Boat Length: _____

Are you a current PHRF member? (Circle one) Yes No

If you circled "Yes", please complete the following information:

Flying Sail (FS) Rating _____ FS Rating Code _____

Who is your PHRF handicapper? (Indicate club or "none") _____

Is the vessel above compliant with 2009 Category II Pacific International Yachting Association regulations for minimum equipment? (Circle one) Yes No

Have you had a Coast Guard Auxiliary Vessel Safety Check? (Circle one) Yes No

Land Contact Name: _____ Phone: _____

Crew: (Please Include contact phone number)

Have you read, understood, accepted and agreed to the 2009 Spirit of Adventure Specific Sailing Instructions?

(Circle one) Yes No

Signature _____

Date ____/____/____