



2017 SEAS CUP REGISTRATION

Entire SEAS Cup Race Series (\$50) _____

Per Race Leg (\$10/each) _____

Name of Race _____

Please complete the following information:

Name: _____ Cell/Home Phone: _____

Address: _____ Work Phone: _____

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") _____

Have you passed a 2015 Coast Guard Auxiliary Vessel Safety Inspection? (*Circle one) Yes No

Does the sailboat carry \$300k liability insurance, covered for racing activities? (*Circle one) Yes No

Land Contact Name: _____ Phone: _____

Crew:(Please Include contact phone number)

Have you read, understood, accepted and agreed to the 2015 SEAS Cup General & Specific Sailing Instructions?

(*Circle one) Yes No

Signature _____ **Date** ____/____/____