

**MIDWEEK RACE SERIES - ENTRY FORM
NORTH CAPE YACHT CLUB**

OWNER/SKIPPER: _____ SAIL #: _____

BOAT NAME: _____ NCYC MBR #: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE #: _____ EMAIL ADDRESS: _____

CLASS ENTERED (check one): PHRF: _____ JAM: _____ RATING: _____ Sec/Mile

MAKE OF BOAT & LENGTH: _____

INSURANCE ON FILE: YES _____ NO _____

Race Committee Participation: Each NCYC Midweek Series participant must agree to be responsible for one of the following: Race Committee for one Midweek Race, Race Committee for one Friday Night Fun Race, Race Committee for one Regatta Series Event.

Registration must include this form, a copy of your 2020 PHRF rating certificate, proof of insurance (unless on file at NCYC), and your entry fee of \$50 for two Series on or before June 17, 2020 for yachts owned and operated by NCYC members (\$70 for non-members of NCYC). Yachts registering after the deadline will be subject to a \$10 late fee. **Checks should be payable to North Cape Yacht Club.**

Registrations may be given to bar personnel or mailed to North Cape Yacht Club, c/o Yachting Activities, 11850 Toledo Beach Road, LaSalle, MI 48145.

Please accept my entry in the Midweek Race Series. Competitors participate in the race series at their own risk. (See RRS 4, Decision to Race) It shall be the sole responsibility of each yacht to decide whether or not to start or to continue to race. I agree to be bound by The Racing Rules of Sailing as published by the United States Sailing Association and by all other rules that govern this event.

To the fullest extent permitted by law, I hereby waive any rights I may have to sue the race organizers (organizing authority, race committee, protest committee, host club, sponsors, or any other organization or official) involved with the event with respect to personal injury or property damage suffered by myself or my crew as a result of our participation in this event and hereby release the race organizers from any liability for such injury or damage.

OWNER/SKIPPER: _____ DATE: _____