

The Leukemia Cup Regatta Registration Form 2007



YES, I wish to enter my sailboat in The Southern Chesapeake Leukemia Cup Regatta.

July 6-8, 2007 at Stingray Point Marina in Deltaville, VA.

Register before June 15, 2007 for your boat name to be listed on the official t-shirt!

Registration fee (Before June 29, 2007) \$100.00 ____ Qty. (includes 2 dinner tickets)

Registration fee (After June 29, 2007) \$125.00 ____ Qty. (includes 2 dinner tickets)

Pre-order:

Additional Dinner Tickets for July 8 Gala - \$20.00 each: ____ Qty. ____ Total Price

Owner's Name: _____ Skipper's Name: _____

Address: _____ City: _____ State: ____ Zip: _____

Phone:(W) _____ (H): _____ Fax: _____ Email: _____

Sail #: _____ Name of Yacht: _____ Model: _____ Length: _____

Manufacturer: _____ Yacht Club Affiliation: _____

PHRF Rating: _____ I need a courtesy rating (CR) for this event ____ (If so, please complete CR application. Valid only for cruising or classic divisions)

Racing Event (check one):

1. CBYRA Sanctioned PHRF Races (Valid rating required -Attach valid PHRF Certificate)

PHRF Spinnaker	PHRF Non-Spin	J-105
Classes will be determined based on entries	All Ratings One headsail only	All Ratings

2. Leukemia Cruising Race (For boats that mostly cruise) Must have 5 boats to create a class

Leukemia Cruising Class _____
All ratings; Non-Spin – one headsail only, multi hull

3. Classic Boat Races (For boats designed 1975 and earlier, excluding J24s)

Classic Class (yachts designed 1975 and earlier, excluding J24s) (check one) Full Keel Div ____ Fin Keel Div ____
All ratings; Non-Spin – one headsail only; two divisions given same start

Entry fee is enclosed: CASH ____ CHECK ____ CREDIT CARD ____

MC ____ VISA ____ AMEX ____ CC # _____ Exp Date: _____

*Name as it appears on card: _____ Billing address: _____

Upon registration, all Boat Skippers will receive a Fundraising packet, an event schedule and will be assigned an Honorary Mate.

I agree to abide by all the regulations and sailing instructions for this race. In consideration of being permitted to enter this race, being knowledgeable of the risk of competitive sailing, and know that it is my sole responsibility to decide whether to enter or to continue any race. I voluntarily assume the risk of participating in this race and release The Leukemia & Lymphoma Society, FBYC and any other people or organizations planning or conducting the event, from any liability, in connection with any injury or damage that may occur to boats and all participants.

Competitor's Signature: _____ Date: _____

Please make checks payable to: The Leukemia & Lymphoma Society and mail or fax

27 W. Queens Way, Suite 301, Hampton VA 23669 or Fax 757-723-4056.

For more information, 800-866-4483 or (757) 757-723-2676 or email sue.willis@LLS.org

A financial statement for the most recent fiscal year is available from the State Division of Consumer Affairs, Department of Agricultural and Consumer Services, P.O. Box 1163, Richmond, VA 23209 or call 1-804-786-1343.

Application for Courtesy Rating
The Leukemia Cup Regatta
July 7-8, 2007
Stingray Point Marina

In order for you to receive an equitable rating, please provide us with as many as possible of the following requested specifications for your yacht. If certain specifications are unknown, please so indicate.

Yacht Name: _____

Year built _____ Year Designed _____ Manufacturer _____ Model _____

(Example: Year built __2002__ Year Designed __2002__ Manufacturer __Hunter__ Model __356__)

Hull Construction (wood, fiberglass, wood/epoxy, metal, etc.) _____ LOA _____ LWL _____

Maximum Beam _____ Draft _____ Displacement _____ Keel: Full _____ Fin _____

Propeller: Fixed _____ Folding _____ Feathering _____ Sail Area _____

Sailplan: Sloop _____ Ketch _____ Yawl _____ Cat _____ Other (Please explain) _____

Largest headsail to be used racing _____ %

Have any ratings been assigned to your yacht in the past for racing purposes and, if so, do you recall what those ratings were?

For Club Use Only:

Assigned Rating _____ Date _____ By _____