

Lake Washington Sailing Club

2015 Summer Series Entry Form

(If registering for a single evening, please check which day this entry form applies to)

- | | | | | | |
|---------------------------------|---------------------------------|----------------------------------|----------------------------------|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Series | <input type="checkbox"/> May 7 | <input type="checkbox"/> June 4 | <input type="checkbox"/> July 2 | <input type="checkbox"/> August 6 | <input type="checkbox"/> September 3 |
| | <input type="checkbox"/> May 14 | <input type="checkbox"/> June 11 | <input type="checkbox"/> July 9 | <input type="checkbox"/> August 13 | <input type="checkbox"/> September 10 |
| | <input type="checkbox"/> May 21 | <input type="checkbox"/> June 18 | <input type="checkbox"/> July 16 | <input type="checkbox"/> August 20 | <input type="checkbox"/> September 17 |
| | <input type="checkbox"/> May 28 | <input type="checkbox"/> June 25 | <input type="checkbox"/> July 23 | <input type="checkbox"/> August 27 | <input type="checkbox"/> September 24 |
| | | | <input type="checkbox"/> July 30 | | |

Skippers name: _____

Crew name(s): _____

Boat type: _____ Sail Number: _____

Address: City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Yes No Select Yes to receive occasional e-mails about LWSC events for the next 2 years.

You can remove yourself at any time at www.lwsailing.org.

Season Registration (\$20) \$ _____

Single Evening (\$5) \$ _____

Total: \$ _____

The undersigned acknowledges that the competition in which he/she has entered is dangerous and assumes all risk of accident, loss of property or loss of life. The undersigned acknowledges that the decision to start and/or continue racing is the sole and exclusive responsibility of the undersigned. In consideration of the acceptance of this entry,

The undersigned hereby releases and forever discharges the Lake Washington Sailing Club, their directors, officers, members, employees and volunteers, from liability for any and all loss, damage, or injury to person or property resulting from his/her participation in the 2015 Summer Series. The undersigned agrees to be bound by all US Sailing Racing Rules of Sailing and abide by all LWSC, class or association rules and regulations.

Skipper's Signature: _____ Date _____

Parent's Signature (if minor): _____ Date _____

Mail this entry to: Lake Washington Sailing Club
P.O Box 980546
West Sacramento, CA 95798

Official Use Only

Cash Received: _____ Check Received: Amount _____ Check #: _____

Person Receiving Entry: _____