



Havre De Grace Yacht Club

P.O. Box 897 ♦ Havre de Grace, MD 21078

2009 MEMBERSHIP RENEWAL

Due March 20th, 2009

Please check one: Boat Owner/Skipper _____ Crew Member _____ Social Member _____

Name: _____

Home Phone: _____

Address: _____

Cell Phone: _____

City: _____

Work Phone: _____

State: _____

E-Mail: _____

Zip: _____

Crewing on Yacht: _____

(If Applicable)

Please legibly print your information in the space above. Feel free to omit contact information (i.e. at work for example) if you prefer not to be contacted in that manner.

I agree to abide by 1) the Racing Rules of Sailing (RRS), 2) the Event Sailing Instructions published by Havre de Grace Yacht Club (HDGYC), and 3) other rules that govern this event. In consideration of being permitted to join HDGYC and participate in it's scheduled racing events, being knowledgeable of the risks of competitive sailing and knowing that it is my sole responsibility to decide whether to participate in or continue to participate in any event scheduled by HDGYC; I voluntarily assume any and all risk arising from my participation in these events and release Havre de Grace Yacht Club, its Officers, Board of Directors, people conducting the event and the General Membership from all liability in connection with any injury or damage that may occur.

SIGNATURE OF APPLICANT _____ **Date** ___/___/09

2009 RACING SERIES ENTRY FORM – Entry Fee \$50 Per Boat

Thursday Night Series, Hospice Cup, Bob McVey Memorial, & Sunday Series

CLASS: Select One Only: Daysailor _____ J/24 _____ Spinnaker _____ Non-Spinnaker _____

Boat Owner's Name: _____

Sail Number: _____

Boat Name Make/Model/Size: _____

Hull Color: _____

PHRF Rating (If Applicable; Please Attach Copy) _____

Berthed At: _____

I certify that this yacht conforms in every way to her Class Rules and Measurements. For PHRF, a copy of my most recent Handicap Rating Certificate or valid listing is attached to this application. In the event that a certificate or listing is not provided, I understand that HDGYC may assign a rating. My recourse if I disagree with this rating is to provide the proper PHRF Certificate or listing. For other classes, any applicable certification that is on file with the Class Representative, Host Club, or attached hereto. I acknowledge that the safety equipment on my yacht conforms to applicable Class or United States Coast Guard Regulations.

SIGNATURE OF BOAT OWNER _____ **Date** ___/___/09

MEMBERSHIP DUES:	
Individual - \$50.00	_____
Family - \$70.00	_____
Racing Fee - \$50.00	_____
Welcome Regatta Donation	_____
TOTAL ENCLOSED \$	_____

Please make your check payable to:
Havre de Grace Yacht Club ♦ P.O. Box 897 ♦ Havre de Grace, MD 21078