



# Havre De Grace Yacht Club

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

## 2010 MEMBERSHIP RENEWAL

**Due March 19<sup>th</sup>, 2010**

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 \_\_\_/\_\_\_/10

## 2010 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 \_\_\_/\_\_\_/10

### 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