



Quarter and Semi Final Registration Form

2009 Chubb U.S. Junior Double-handed Championship

ASSOCIATION and AREA

RSA/ AREA _____

Complete in full. Incomplete or illegible entry forms will not be accepted. Individual or family membership in US SAILING is required for all competitors at all levels. Registration for the finals will be online only.

SKIPPER

Name _____ Day Phone # _____ Home _____
 Address _____ City _____ ST _____ Zip _____
 Member of (club) _____ Birth date _____ US SAILING # _____
 RSA Great South Bay Yacht Racing Association RSA membership# 100257H
 E-mail address: _____

CREW

Name _____ Day Phone # _____ Home _____
 Address _____ City _____ ST _____ Zip _____
 Member of (club) _____ Birth date _____ US SAILING # _____
 RSA Great South Bay Yacht Racing Association RSA membership# 100257H

CREW

Name _____ Day Phone # _____ Home _____
 Address _____ City _____ ST _____ Zip _____
 Member of (club) _____ Birth date _____ US SAILING # _____
 RSA Great South Bay Yacht Racing Association RSA membership# 100257H

ALTERNATE (Need not be named until after Area eliminations--see Conditions)

Name _____ Day Phone # _____ Home _____
 Address _____ City _____ ST _____ Zip _____
 Member of (club) _____ Birth date _____ US SAILING # _____
 RSA Great South Bay Yacht Racing Association RSA membership# 100257H

Skipper: Obtain the signature of your Club Officer prior to registration for the event:

The following must be completed by a Flag Officer of the skipper's yacht club.

I certify that the skipper (and crew if applicable) is/ are a member of _____

_____ (Club), which is a member of US SAILING, Membership No: _____

City: _____ State: _____ Phone: _____ Fax: _____

Officer: _____ Title: _____ Date: _____