



- GSBYRA Midget Single-handed Championship**
 GSBYRA Midget Double-handed Championship

Check one box above and print information below clearly.

Skipper _____ Club _____ Sail number _____

Street address _____ City/State/Zip _____

Telephone _____ E-mail address _____

Age ____ Birth date _____ Name of parent/guardian _____

US SAILING number _____

Crew _____

Street address _____ City/State/Zip _____

Telephone _____ E-mail address _____

Age ____ Birth date _____ Name of parent/guardian _____

US SAILING number _____

Alternate _____

Street address _____ City/State/Zip _____

Telephone _____ E-mail address _____

Age ____ Birth date _____ Name of parent/guardian _____

US SAILING number _____

Please have a club officer sign and date to verify club membership:

I certify that the skipper and crew (if applicable) meet the requirements for eligibility to compete in the GSBYRA Midget Single-handed or Double-handed Championship, and are members of _____ Club.

Date _____ Signature _____ Title _____

Club Officer

Great South Bay Yacht Racing Association

Event Chairperson _____ Signature _____

Street address _____ City/State/Zip _____

Telephone _____ E-mail address _____