

**PLEASE PRINT LEGIBLY**

YACHT CLUB \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ FEMALE  MALE

HOME TELEPHONE NUMBER \_\_\_\_\_

PARENT OR GUARDIAN NAME \_\_\_\_\_

PARENT EMAIL ADDRESS  
TO RECEIVE GSBYRA RACE INFORMATION \_\_\_\_\_

BOAT OWNED AND RACED SAIL # \_\_\_\_\_  OPTIMIST  
 420  
 LASER  
 SUNFISH  
 OTHER

CLASS OF CLUB BOAT BORROWED TO RACE \_\_\_\_\_

Return form to Sailing Instructor at Club.

Sailing Instructor return the form to Sailing Program Director at Club.

Club Sailing Program Director return all forms to: MaryAnn Deering  
2<sup>nd</sup> Vice President GSBYRA  
1 Brookside Avenue  
Bellport, NY 11713-2808

Information on forms will only be given to GSBYRA Fleet Captains by Class.