

VANDERLEEK CUP HOSPICE REGATTA
SATURDAY, AUGUST 22, 2009

ENTRY FORM

Make checks payable to: **HOSPICE OF HOLLAND** and mail to:

MACATAWA BAY YACHT CLUB
2157 South Shore Dr.
Macatawa, Mi. 49423
Attn. Tom Slanec

\$30.00 For Comfort Cruisers. Postmarked by August 17, 2009

\$40.00 For Jib and Main and Spinnaker. Postmarked by August 17, 2009

Entry must be dated or personally delivered no later than Monday, August 17, 2009 to avoid \$30.00 late entry fee.

Please check the requested fleet: PHRF _____ Jib & Main _____ Comfort Cruiser _____

Yacht _____ Sail No. _____ PHRF Rating _____

Owner _____ Yacht Club _____

Address _____ Make or Class _____

_____ Home Phone _____

E-mail _____ Cell Phone _____

Additional contribution to Hospice of Holland (Qualifies for New PHRF Plus Trophy)
\$ _____

All participants will receive confirmation and tax acknowledgment for the portion of payment that is a charitable contribution. I understand that participation in sailing competitions and their associated activities bears inherent risks. I acknowledge having advised my crew of these risks. I certify that my yacht is a standard configuration. If modifications have been made to my yacht, I will attach a separate

sheet describing these changes. I hereby believe that my yacht, its rigging, and its crew are sound and in good condition to race. I realize that RRS fundamental rule 4 states that the decision to start or to continue to race is solely mine and that it is my responsibilities to provide adequate safety equipment for me and my crew. I agree, therefore, that neither myself, nor members of my crew will hold MBYC or its members, the race committee, Hospice of Holland or any regatta officials liable in anyway for any damage to my yacht, or for any loss of life or injury to me or any of my crew. I further realize that I am responsible for the conduct of my crew during the regatta. I agree to be bound by the current *Racing Rules of Sailing* and by all other rules that govern this event.

Print Name _____ **Signed:** _____ **Date:** __/__/__

VANDERLEEK CUP ORDER FORM

August 21, 2009 Friday Cocktail party, 6 pm: # to attend _____ (all are invited)
Cash bar and complimentary hors d'oevres

August 22, 2009 Awards and Dinner # to attend: _____

Dinner cost: Adult: \$25 includes tax, gratuity and a \$10.00 donation to Hospice of Holland
Children 3-10: \$ 10.00 includes tax and gratuity

VanderLeek Cup collectable caps and visors

Number of caps @ \$12 each _____

Number of visors @ \$12 each _____