



APPLICATION FOR ENTRY **2017 SPIRIT OF ADMIRALTY**

Race Fee: \$75 non-refundable, due with this form no later than June 8, 2017

Please complete the following information:

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

_____ Cell Phone: _____

Boat Name: _____ Boat Type: _____

Sail Number: _____ Boat Length: _____

Are you a current PHRF member? (Circle one) Yes No

If you circled "Yes", please complete the following information:

Flying Sail (FS) Rating _____ FS Rating Code _____

Who is your PHRF handicapper? (Indicate club or "none") _____

Have you passed a 2017 Coast Guard Auxiliary Vessel Safety Inspection? (*Circle one) Yes No

Does the sailboat carry \$300k liability insurance, covered for racing activities? (*Circle one) Yes No

Land Contact Name: _____ Phone: _____

Crew:(Please Include contact phone number)

Have you read, understood, accepted and agreed to the 2017 SEAS Cup General & Specific Sailing Instructions and the 2017 Spirit of Admiralty Specific Sailing Instructions?

(*Circle one) Yes No

Signature _____

Date ____/____/____