



# BYC DINGHY RACING REGISTRATION

Registration for 2006

(two pages)

**IN ORDER TO BE SCORED, YOU MUST BE REGISTERED/PAID BY 4:30PM ON THE DAY THAT YOU INTEND TO RACE. IT MUST BE DONE BEFORE THE COMMITTEE BOAT LEAVES THE DOCK.**

Pitch Pole: May 2<sup>nd</sup>, 9<sup>th</sup>, 16<sup>th</sup>, 23<sup>rd</sup>

Wave Rider: June 6<sup>th</sup>, 13<sup>th</sup>, 20<sup>th</sup>, 27<sup>th</sup>

Mid Summer: July 11<sup>th</sup>, 25<sup>th</sup>, August 1<sup>st</sup>, 8<sup>th</sup>

Perspiration: August 15<sup>th</sup>, 22<sup>nd</sup>, 29<sup>th</sup>, September 6<sup>th</sup>

**Please download and complete the following form (interactive form) if you wish to race in these dinghy racing series and mail, with check or credit card info to:**

**Assistant Treasurer, Bellingham Yacht Club, 2625 Harbor Loop Bellingham, WA 98225  
Tel: 360-733-7390**

**Alternatively you can bring the form to the BYC lounge and pay at the bar.**



29er



Byte.



Sail Number:  \* Make of Boat/Class:  \*

Owner's First Name  \* Owner's Last Name  \*

Street Address  \* City  \*

State  \* Zip  \* Email address  \*

Day phone  \* Evening phone  \*

Yacht Club\*:  Member Since\*:

**Release:** I have read the rules and regulations issued for these dinghy races (events) and agree to be bound by them. In consideration of acceptance of this entry or my being permitted to take part in these events, I agree to save harmless and keep indemnified the Bellingham Yacht Club, the organizers and their respective agents, officials, servants, and representatives from and against all claims, actions, costs, expenses, and demands in respect to death, injury, loss, or damage to my person or property, howsoever caused or occasioned by the negligence of the same bodies or any of them, or their agents, officials, servants, or representatives. I further understand and agree that this release is binding upon myself, my heirs, executors, and assigns.

By Checking this box \* I accept and agree to the above conditions.

DATE:  \* SIGNATURE:  \*

**Parent or Legal Guardian Acknowledgement (for under eighteens).** I, the parent or legal guardian of the competitor who has reviewed the above, hereby certify that I have read and agree to be bound by the terms of this release indemnity on the behalf of the competitor.

By Checking this box \* I accept and agree to the above conditions.

DATE: \*  Full Name: \*

**Series:** All Series; Pitch Pole; Wave Rider; Mid Summer; Perspiration  
**Fees:**

Single handed : All Series - \$80; By Series - \$20 per series.

Double handed : All Series - \$120; By Series - \$30 per series.

Triple handed : All Series - \$160; By Series - \$40 per series.

Pay By check      Credit Card

**If paying with credit card all of the following must be completed**

**Credit card payment** \*: Visa      Master Card

Card number (four numerals per box please) \*:

Expiration date\*: Month  Year

Card holder's name\*: