

Corinthian Yacht Club of Bellingham  
2017 Race Entry form

Race Chair; Sean Jones  
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Phone (360) 333-7791

Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Boat Name \_\_\_\_\_ Manufacturer / Model \_\_\_\_\_

Length \_\_\_\_\_ Sail Number \_\_\_\_\_ PHRF Rating \_\_\_\_\_ Yr Rated \_\_\_\_\_

**Class (Check One)** Cruising W/ no Spinnaker \_\_\_\_\_ Racing (A) \_\_\_\_\_ Racing (B Fast) \_\_\_\_\_

Racing, One Design / SJ 24 \_\_\_\_\_ **Cruising Class** \_\_\_\_\_

**Rating;**

The intent of the CYC is to provide safe and fun club racing to its members and guest. In this spirit the CYC race committee will base boat handicaps on PHRF-NW certificates. Where no certificate is available, the CYC Race committee will assign a provisional rating based on standard design and rigging. At its sole discretion, the CYC Race Committee may also consider cruising class factors, performance and crew experience in determining the provisional rating.

Fee Schedule (*Member/Non*) *check payable to;* **CYC** **PO Box 101 Bellingham, WA 98225**

Full Season, (20 races) \$45/75 \_\_\_\_\_ Per series \$15/20 #1\_\_ #2\_\_ #3\_\_ #4\_\_

**Compliance;**

1. While participating in CYC sponsored events, I agree to maintain a Liability Insurance Policy on my yacht which also covers yacht racing events and or activities
2. In the event of an accident during events sponsored by CYC resulting in damage, injury or death, I agree to hold harmless CYC, its Officers / Race Committee, and members harmless.
3. I acknowledge that the decision to enter my yacht and participate in CYC competition is solely my own and I agree to comply with and be bound by the INTERNATIONAL YACHT RACING RULES as adopted by US SAILING, including nation prescriptions, except as modified by the CYC race instructions for each event.
4. **I am interested in;** Committee boat \_\_\_\_\_ Race crew \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_  
Print Name Signature Date

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**Office use only;**

Name \_\_\_\_\_ Payment \_\_\_\_\_ Type \_\_\_\_\_ Series-- (Full) 1 2 3 4