http://www.pamlicocup.org/

October 14th-16th, 2005

REGISTRATION FORM

Regatta Entry Fee $85 (Specify size for tee shirt: ___) _____

(Entry fee includes 1 tee shirt and 1 shoreside activity tickets. The name of boats entered by September 22nd will be imprinted on the Regatta Tee Shirts. Regatta participation will be limited to the first 80 boats registering.)

Extra Shoreside Activity Tickets for crew & family $35 ea qty: _____ Total_____

(Shoreside activities include Friday and Saturday dinners, Saturday and Sunday breakfast, and all beverages.)

Extra Tee Shirts $18 ea ($15 on orders of 2 or more, if received by Sept. 22nd) Total_____

qty: Sm____ Med____ Lg____ XL____ XXL____

Additional Charitable contribution to the Pamlico Cup Hospice Regatta _____

Amount Enclosed _____

Skipper: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ e-mail: _____

Boat Name: _____ Model: _____

Sail #: _____ NC-PHRF rating: _____

(Valid NC-PHRF certificate is required in Spinnaker class. In others, if you do not have a current rating, one will be assigned.)

Class: Spinnaker: ☐ Non-Spinnaker: ☐ Cruising: ☐ Party: ☐

(Cruising class is non-spinnaker)

ICRC Club Affiliation: _____

For and in consideration of the acceptance of my entry in this regatta, I hereby accept all risks and responsibilities of my yacht and crew's participation and agree to hold harmless the host organization, it's officers, employees, committees, organizing bodies and sponsors for any liabilities caused by my negligence out of or in any way connected with such participation. I agree to abide by the Racing Rules of Sailing*, the prescriptions of U.S. Sailing and the sailing instructions.*

*Signature*_____

Make checks payable to: **Pamlico Cup Hospice Regatta, Inc.**

Mail to: **Pamlico Cup Hospice Regatta, Attn: S. Biggerstaff**
4488 River Road
Washington, NC 27889