2008 LEUKEMIA CUP REGISTRATION

Please complete the form **in its entirety** and mail it along with your payment to the address below.
Please make all checks payable to **The Leukemia & Lymphoma Society**.

Must register on or before May 10, 2008 for your boat name to appear on t-shirt apparel.

(please print)

_____
Full Name — check one: ❑Skipper ❑Crew ❑Other Participant

_____
Address

_____ _____ _____
City State Zip Code

_(_____)_____ _____
Daytime Phone E-mail Address (required for receipt of personal webpage)

_____ ☐ Spinnaker ☐ Non-Spinnaker
Yacht Club Affiliation (Required)

_____#_____
Class/Manufacturer Boat Type No. of Crew

_____ _____ _____
Sail Number Boat Name Current PHRF Rating

REGATTA SAILING REGISTRATION

Check one: ☐ Racing ☐ Cruising Long Distance Event (1 Day) ☐ Not Racing

☐ $50 For Cabins ☐ $10 For Laser, Sunfish (circle one)

☐ $40 For Dinghies / Multi Hulls (circle one)

FOR SKIPPERS, CREW & OTHER PARTICIPANTS (Please indicate how many of each)

☐ #____ $7 Saturday Lunch ☐ #___ $15 Saturday Night Dinner ☐ #____ $7 Sunday Lunch

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Check Enclosed for: $_____ I'd like to pay my entry fee by credit card. AMEX / MC / VISA (circle one)

Card #_____ **Exp. Date**_____

Sig. Code _____ (last 3-digits in signature area on reverse side of card) **Charge Amount $**_____

Signature_____

I agree to abide by the Racing Rules of Sailing (US) and sailing instructions originated by the host club and/or other rules that govern this event. In consideration of being permitted to enter this event, being knowledgeable of the risks of competitive sailing and knowing that it is my sole responsibility to decide whether to start or continue any race, I voluntarily assume the risk of participation in this event and release the host club, Carlyle Sailing Association, and the people conducting the event, The Leukemia & Lymphoma Society, from all liability in connections with any injury or damage that may occur.

_____
Signature of Patricipant **Date**

MAIL TO:

The Leukemia & Lymphoma Society/Regatta
77 West Port Plaza, Ste.101 · St. Louis, MO 63146
Questions? Contact Judy Swiecicki email: judy.swiecicki@lls.org
314/878-0780 or 800/264-2873 or FAX: 314/878-4050