45th Annual
Stephen C. Smith Memorial Regatta
April 27 - 29, 2018

Stephen C. Smith Memorial Regatta Foundation, Inc.

American Cancer Society®

PHRF FLEET VESSEL ENTRY FORM *

*You can register online at www.SmithRegatta.com

Yacht Name:_____ **Sail #**_____ **(Absolutely Required) Manufacturer:** _____
Model:_____ Length:_____(21 feet & over)
Size of biggest head sail (jib)_____% roller furling jib? yes ____ no ____ roller furling main? yes ____ no ____
Division: (check one) Multi-Hull: _____ Spinnaker:_____ Non-Spinnaker: _____ Beginner/Cruising: _____
PHRF Rating: _____ (Rating will be provided if not known), Contact Huub Weijers for information: 850 294-9652
Engine type: Inboard _____ Outboard _____ Fixed Prop (# of Blades)_____ Folding or Feathering Prop yes ____ no ____

Skipper: _____ Crew Member: _____
Address:_____ City:_____ St.:_____ Zip:_____
Tel. # (____) ____-_____ E-mail: _____ (Please print legibly)
Club Membership:_____
Regatta Shirt Sizes Request: (# of each size) XXL ___XL ___ L ___ M ___ S ___ YL ___ YM ___
YL-Youth Large / YM-Youth Medium

Registration includes: Two regatta shirts, unlimited beverages, two dinner tickets, and entertainment for Skipper and one crew. Additional t-shirts may be ordered now for $15 or purchased, if still available, on the beach after the close of registration for $20 each. Extra dinner tickets may be purchased now or until noon Saturday, April 28, for $15 each.

Saturday Night Dinner Choice: (enter number) Chicken ____ Fish ____ Chicken & Fish Combo ____ NO SUBSTITUTIONS!

Entry Fee:			
Early Registration on or Before 4/20/2018	**$80**	**$**_____	
After 4/20/2018	**$90**	**$**_____	
Total Extra Shirts (entry fee includes 2 shirts)	_____ **at**	**$15 ea**	**$**_____
Total Extra Saturday Night Dinners	_____ **at**	**$15 ea**	**$**_____
Separate Donation to the Smith Foundation			**$**_____
		TOTAL ENCLOSED	**$**_____

Make checks payable to: *Stephen C. Smith Memorial Regatta Foundation (SCSMR* is OK too), or use your credit card:
Print Name as it appears on Credit Card: _____ Circle one: Visa / Discover / Mastercard
Card Number:_____ Exp. Date:_____ Three numbers on back: __ __ __
If you would like to fax your registration and credit card information, send fax to (866) 529-2418.

In consideration of you accepting my entry I hereby agree to all the Conditions of these races which I have read and understood. I hereby warrant that my boat will be outfitted, equipped and handled in accordance with those Conditions, and that it will have all required equipment aboard, that it will be seaworthy in hull, rig and gear and that it will be competently manned. The decision to race is my sole responsibility. In consideration of being permitted to participate in the Stephen C. Smith Memorial Regatta and fully knowledgeable of the risks of sailing, racing and motor boating, I agree to hold harmless the organizers of the Stephen C. Smith Memorial Regatta, the Stephen C. Smith Memorial Regatta Foundation, Inc., the Apalachee Bay Yacht Club, the Shell Point Sailboard Club, the American Cancer Society, the Wakulla County Board of Commissioners, and their officers, members, directors, employees and agents from any and all damages, losses, claim suits, actions, expenses, or liabilities which may arise from my participation in this event.

Signed:_____ Date:_____

Mail completed entry form and check to:
Stephen C. Smith Memorial Regatta, 234 Harbour Point Drive, Crawfordville, FL 32327

For information call: (850) 545-8169 or (850) 212-5149 or visit www.SmithRegatta.com