Stephen C. Smith Memorial Regatta Foundation, Inc.

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

American Cancer Society®

GUEST PACKAGE *

*You can register online at www.SmithRegatta.com

(One entry form per person)

Name:_____

Address:_____ City:_____ St.:_____ Zip:_____

Tel. # (____) ____-_____ E-mail: _____ (Please print legibly)

Club Membership:_____

Regatta Shirt Size Request: (# of each size) XXL ___XL ___ L ___ M ___ S ___ YL ___ YM ___
YL-Youth Large / YM-Youth Medium

Registration with Dinner Includes: One regatta shirt, unlimited beverages for guest, one Saturday night dinner ticket, and entertainment. Registration without Dinner Includes: One regatta shirt, unlimited beverages for guest, and entertainment. 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!

			Early Entry Fee: (on or before 4/20/18)	**LateEntry Fee: (after 4/20/18)**
Without Saturday Night Dinner		**$35**	**$_____**	**$45 _____**
OR				
With Saturday Night Dinner		**$45**	**$_____**	**$55 _____**
Total Extra Shirts	**_____ at**	**$15 ea**	**$_____**	
Total Extra Saturday Night Dinners	**_____ at**	**$15 ea**	**$_____**	
Separate Donation to 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, motor boating and beach activities, 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