Stephen C. Smith Memorial Regatta Foundation, Inc.

47th Annual
Stephen C. Smith Memorial Regatta
April 24 - 26, 2020

American Cancer Society®

PORTSMOUTH & ONE DESIGN FLEET ENTRY FORM *

*You can register online at www.SmithRegatta.com

Boat Type:_____ **Length (under 21 feet):**_____ **Sail #**_____**(Absolutely Required)**

P&OD Rating (if known): _____**Multi-Hull:** _____ **Monohull:** _____

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

This registration includes: Two regatta shirts, two beverage bracelets (one for skipper and one for first mate)**, two Saturday night dinner tickets, and entertainment. Additional t-shirts may be ordered now for $15 or purchased on the beach after the close of registration for $20 each. Extra dinner tickets may be purchased now or on Saturday until noon for $15 each. Additional Crew: Register as a "Guest" at www.smithregatta.com.

Saturday Night Dinner Choice: (enter number) **Chicken ____ Shrimp ____** **No Substitutions Please!**

Entry Fee:			
Early Registration on or Before 4/18/2020		**$80**	**$**_____
After 4/18/2020		**$90**	**$**_____
Total Extra Shirts **(entry fee includes 2 shirts)**	_____ **at**	**$15 ea**	**$**_____
Total Extra Saturday Night Dinners **(entry fee includes 2 dinners)**	_____ **at**	**$15 ea**	**$**_____
Donate directly to the Stephen C. Smith Memorial Foundation, Inc.			**$**_____
All donations will be given to the American Cancer Society.			
		TOTAL ENCLOSED	**$**_____

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 / AmEx
Card Number:_____ Exp. Date:_____ Three numbers on back: __ __ __

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.

**** I hereby agree to pickup my beverage bracelet in person. (Your beverage bracelet will not be given to someone else to deliver to you.)**

Signed:_____ Date:_____

Signed:_____ Date:_____

Mail completed entry form and check to:
Stephen C. Smith Memorial Regatta, 51 Royster Drive, Crawfordville, FL 32327
For information call: (850) 545-8169 or (850) 212-1336 or visit www.SmithRegatta.com