



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



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 Affiliation: _____

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

This registration includes one regatta shirt, one beverage bracelet **, and entertainment. You may include one Saturday night dinner ticket for \$10 more. 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 for \$15 each.

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

	Early Entry Fee: (Thru 4/18/20)	Late Entry Fee: (after 4/18/20)
Without Saturday Night Dinner	\$35 \$ _____	\$45 \$ _____
OR	OR	OR
With Saturday Night Dinner	\$45 \$ _____	\$55 \$ _____
Total Extra Shirt	_____ at \$15 ea \$ _____	_____ at \$15 ea \$ _____
Total Extra Saturday Night Dinners	_____ at \$15 ea \$ _____	_____ at \$15 ea \$ _____
Separate Donation to ACS (American Cancer Society)	Cancer Society \$ _____	Cancer Society \$ _____
	TOTAL \$ _____	TOTAL \$ _____

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, 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.

** 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: _____

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