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

WINDSURFING FLEET ENTRY FORM *

*You can register online at www.SmithRegatta.com

Possible Disciplines: Course Racing, Slalom, Long Distance, and Freestyle

Fleets/Classes (check one) :

1. Longboard Unlimited _____ 2. Kona _____ 3. Sport _____ 4. Novice _____

Classes/Divisions (please enter): Age: _____ Gender: M ____ F ____ Approximate Weight: _____

Sail Size Limits: Longboard Unlimited = (Unlimited), Kona will follow international sailor-weight / sail-size rules, Sport = 7.5 m2, Novice = 6.5 m2. Weight breaks applied as required, please weigh-in at Registration. Classes will be broken out on number and demographics of entrants. The Race Committee reserves the right to eliminate or combine certain fleets/classes if participation is insufficient.

Skipper: _____ Board Brand: _____ Sail # _____ (Display Required)

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

This registration inclues one regatta shirt, one beverage band ** for Skipper, one Saturday night dinner ticket, 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 for $15 each.

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

Entry Fee:			
Early Registration on or Before 4/18/2020		**$50**	**$_____**
After 4/18/2020		**$60**	**$_____**
Total Extra Shirts (entry fee includes 1 shirt)	**_____ at**	**$15 ea**	**$_____**
Total Extra Saturday Night Dinners (entry fee includes 1 dinner)	**_____ 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: _____

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