

**2005 Transplant Cup Regatta
J-24 Northeast Regional Championship
Registration Form**

Name : _____ Email: _____

Address: _____ Arrival Date: _____

Phone Number: _____ Entrance Fee: \$135.00 payable to RCYC

Yacht Name: _____ Late Fee: \$10.00 after **5/4/05**

Sail No. _____ Additional Dinners at \$15.00

Yacht Club: _____ Total Enclosed: _____

US Sailing #: _____

APPLICANT'S AGREEMENT

In consideration of your accepting my entry, I, the undersigned, on behalf of all my crew members, acknowledge and agree to be bound by THE RACING RULES OF SAILING and by all other rules that govern this event. I hereby warrant that my boat will be outfitted, equipped and handled in accordance with these conditions, that she will have all the required equipment aboard, that she will be seaworthy in hull, rig and gear and that she will be competently manned. I hereby agree that the yacht shall be in compliance with the International J/24 Class Rules at all times during the regatta. I, on behalf of myself and my crew members, herewith acknowledge that I have read and understand this agreement.

Skipper/Owner

Date

Mail Completed form with check to:

**2005 Transplant Cup Regatta
Northeast Regional Championship
Richmond County Yacht Club
142 Mansion Avenue
Staten Island, New York 10308**