

OFFICIAL ENTRY FORM



CRUISING CLUB OF AMERICA

53RD ANNUAL
WIRTH M. MUNROE INVITATIONAL YACHT RACE
FORT LAUDERDALE TO PALM BEACH
FRIDAY, DECEMBER 4, 2009

THE SAILFISH CLUB OF FLORIDA

UNDER THE JOINT AUSPICES OF
THE SAILFISH CLUB OF FLORIDA
AND THE
CRUISING CLUB OF AMERICA

****Register online at www.YachtScoring.com or complete and mail this form along with a check to the address listed below****

DATE: _____

BOAT NAME: _____ YACHT CLUB: _____ HOME PORT: _____

DESIGN: Sail No.: _____ LOA: _____ DRAFT: _____

Please indicate which class you prefer to race in:

PHRF of Southeast Florida Rating: _____ IRC Rating: _____

Hull Color: _____ Designer: _____

Boats may be inspected at race committee's discretion. At what location? _____

Name of Skipper: _____ Phone: _____

Address: _____

Email: _____ Cell Phone: (_____) _____ - _____

Yacht Club: _____

Name of Navigator: _____

Owner's Name (if different from skipper): _____

Address: _____

Phone: (_____) _____ - _____ Yacht Club: _____

Cell Phone: (_____) _____ - _____ Email: _____

Docking at The Sailfish Club's docks is requested: Yes _____ No _____

A valid PHRF of S.E. Florida rating and IRC certificate if racing IRC, must accompany this entry form, together with the entry fee of \$250.

**Please make checks payable to: The Sailfish Club of Florida
Mail to: The Sailfish Club of Florida
Attention: Samantha Dover
1338 North Lake Way
Palm Beach, FL 33480
561.844.0206**

Please email Crew Lists to: SamanthaDover@SailfishClub.com by Tuesday, 12/1/09

Please Note: Cell Phones must remain off/silent when inside the Club

In consideration of your accepting my entry to the 53rd Wirth M. Munroe Yacht Race:

I hereby certify that no changes affecting the above named boat's rating certificate have been or will be made after the date of the certificate enclosed herewith.

I hereby agree to all sailing instructions for this race which I have read and understood.

I hereby warrant that my boat will be certified, equipped and handled in accordance with those instructions; that she will have all required equipment aboard; that she will be completely manned by an experienced crew who are physically fit to face bad weather. I understand that I am solely responsible for the safety of my boat and her crew and that it is my sole responsibility whether to start or to continue any race.

I do for myself, my executors or administrators, heirs and assigns, waive any and all claims that may accrue to me or to them against The Sailfish Club of Florida and the Cruising Club of America, their committees, officers, members, directors and agents (including those claims arising from negligence of that organization or those persons), arising from the entry or participation of my boat in this race or resulting from any related activity.

Signed This _____ Day of _____, 2009

Signed By: _____ Printed Name: _____
Owner/Charter

Permanent Mailing Address: _____
Street

City _____ State _____ Zip Code _____

Permanent Phone Number: Home: (____) _____ - _____ Cell: (____) _____ - _____

Florida Mailing Address: _____
Street

City _____ State _____ Zip Code _____

Florida Phone Number: Home: (____) _____ - _____ Cell: (____) _____ - _____

***Please return completed entry form along with check made payable to "The Sailfish Club of Florida" **
Mail to: The Sailfish Club of Florida, 1338 North Lake Way, Palm Beach, FL 33480, Attn: Samantha Dover*

Dockage is first come, first serve. If dockage is not available at The Sailfish Club, berthing after the race is available at the Sailfish Marina 561.844.1724 or by anchoring out in front of The Sailfish Club with launch service available (VHF Channel 72).

TROPHY PRESENTATION AND EVENING FESTIVITIES

I plan to attend the traditional Friday Night Seafood Buffet and Awards Presentation on Friday, December 4, 2009 at The Sailfish Club of Florida. Dinner buffet cost is \$65.00 per person, including sales tax and gratuity. Dinner will be served from **1800-2100 hours**. The cash bar will be open until 2300 or later with music and dancing.

Attending: _____ Yes _____ No _____ Number in Party: _____

I am paying for my Crew's: _____ Dinner _____ Drinks

*Note: If you are **not** paying for your Crew's drinks, they need to submit a Credit Authorization form as well.
This can be done at the Skipper's Meeting or on Friday Night before dinner.*

Credit Card Information:

Name on Credit Card: _____ Type of Credit Card: _____

Number on Card: _____ Expiration Date: ____/____/____

Note: No-shows for dinner reservations on Friday, December 4th or cancellations made after 12 noon on the 4th will be charged the *full menu price for each guest*. Cancellations made *by 12 noon on the day of* will be charged *50% of the menu price per guest*. Cancellations made before 12/4/09 *will not be charged*. Due to the above stated policy, the Club requires that each Owner/Captain has a credit card on file. Please make sure that you settle your tab before leaving the Club.

Any outstanding charges will be posted to the credit card on file.

By signing below, you are stating that you agree with the terms and conditions of this agreement.

Signature of Cardholder: _____