ALL FIELDS MUST BE FILLED IN FOR ENTRY TO BE ACCEPTED. PLEASE SEE NOTICE OF RACE FOR DEADLINES AND OTHER REQUIREMENTS

| Name of regatta | | | | | |
|--|----------------------------|------------------------------|---|------------------------------|--|
| Club/program submitting entry | | | | | |
| Club/program address (street/city/state/zip) | | | | | |
| Name of person submitting entry | | Phone number of club/program | | | |
| Phone number to call if questions on form | Fax number of club/program | | | | |
| Email to contact if questions on form | | Email for club/program | | | |
| Instructor(s) (if more than three, note here | and list on addition | onal sheet) | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Safety boat description(s) | | | | | |
| | | | | | |
| Fees | | | | | |
| Number of participating sailors = | X fee for participants = | | | Total fee for participants = | |
| Number of instructors = | X fee for instructors = | X fee for instructors = | | Total fee for instructors = | |
| | | | | Total regatta fees = | |
| Housing form attached? (multiday regattas only) | | | Number of white | e fleet sailors | |
| | | | | | |
| Number of sailors and instructors to be housed? | | | Number of blue fleet sailors | | |
| Number of current year JSA participant medical forms and waivers attached? | | | Number of red fleet sailors | | |
| | | | If green fleet, number of green fleet sailors | | |

OPTIMISTS

| Club Name_ | | | | | | | | |
|--|-----------------------------|------|-----------------|--|--|--|--|--|
| I certify that the participants listed below 1) are competent sailors, 2) meet the minimum age requirements for the fleet in which they are registered, and that 3) their boats meet the Optimist checklist requirements (see Appendix A, JSA Yearbook) and are seaworthy. | | | | | | | | |
| Signature of Head Instructor or | Ε | Date | | | | | | |
| Sail# | Sail # Last Name First Name | | Birthdate Fleet | | | | | |
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