

2004 BULLSEYE NATIONALS – REGISTRATION FORM
JULY 23 – 25, 2004
SANDY BAY YACHT CLUB ROCKPORT, MA 01966

Name of Skipper _____

Address _____

Home Phone _____ Work Phone _____ email _____

Name of Boat _____ Sail Number _____

Yacht Club _____ Home Port _____

Name of Crew Member(s) _____

Note: All skippers must be members in good standing of Bullseye Class Association

Sail Measurement. All sails must be checked by Regatta Sail Measurers. If sail(s) has not been measured and legibly marked for previous Bullseye National regatta, it/they must be measured. Measurers will be available at SBYC on Friday, July 23 between 2 and 6 PM.

Registration Requirements: Sail measurement, medical release (if under 18), crew registration and signed waiver (enclosed)

Registration Fee (includes for two - Friday and Saturday dinners, Sunday Awards lunch and box lunches) \$250.00

Additional charges:

Friday dinner (\$15.00 per person)	_____
Saturday dinner (\$32.00 per person)	_____
Box lunches Saturday (\$8.00 per lunch)	_____
Sunday awards lunch (\$15.00 per person)	_____

Late registration fee (after July 10) \$25.00 _____

TOTAL AMOUNT ENCLOSED \$ _____

Housing: I/we will need housing in a private home for _____ singles _____ couples

I/we will make own arrangements for housing _____

Please make arrangements for _____ spectators. (We will do our best to accommodate).

I agree to be bound by The Racing Rules of Sailing and by all other rules that govern this event.

Signature of skipper: _____

Please make checks payable to Sandy Bay Bullseye Fleet and mail with this form, no later than July 10, 2004 to: Conrad Lavigne, 34 Parker Street, Rockport MA 01966-1626