

2009 BULLSEYE NATIONALS – REGISTRATION FORM
July 31 - August 2, 2009
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 (have) 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 31 between 2 and 5 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) \$275.00

Additional charges: Friday dinner (\$15.00 per person) _____

Saturday dinner (\$40.00 per person) _____

Box lunches Saturday (\$8.00 per lunch) _____

Sunday awards lunch (\$15.00 per person) _____

Late registration fee (after July 17) \$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 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 17, 2009 to: Conrad Lavigne, 34 Parker Street, Rockport MA 01966-1626