

Facilities provided by

The Mount
Sinai Yacht Club

All proceeds benefit the

American
Cancer Society

40th Annual



Sailing Regatta

1982 Sponsored by Mount Sinai Sailing Association **2021**

with assistance from Port Jefferson Rotary

Saturday, September 18th, 2021

ENTRY FORM (registration deadline 9/13/21)

Owner/Captain: _____

Street Address _____

City, State, Zip: _____

Yacht Name: _____ **Sail Number:** _____

Telephone No. Home &/or Office: _____

Builder's Designation & LOA: _____ **Year built and type of Rig:** _____

Club Affiliation (list one only for Mather Cup Qualification): _____ **Spinnaker: Yes ___ No ___**

Cruiser: Yes ___

Year built and type of Rig: _____ **2021 PHRF Rating (enclose copy of certificate)** _____

Topside color: _____ **LWL** _____ **Beam** _____ **Draft** _____ **Displacement** _____ **Keel** _____

Largest Jib _____ **% Power: O/B** _____ **I/B** _____ **PROP** _____ **Anything non standard?** _____

if yes, give details _____

I hereby agree that the safety of my yacht and her crew, and the decision whether or not to start or continue to race is my own responsibility and not that of the person sponsoring or undertaking such race or activity. I hereby waive all claims, demands, liability, actions, and course of action whatsoever, which I may have against all sponsors, organizers, YRA, and any other related or affiliated company and their respective officers, directors, agents and employees, its member club organizations, arising out of or related to any loss, damage, or injury including death, in any way connected by my participation in any race related activity sponsored or undertaken by them. I will inform my insurance underwriter of this waiver and inform all crew members of any yacht which I sail in any race or activity of their responsibilities for safety. I agree that this waiver is binding on my heirs, successors, and assigns. I also acknowledge that the sponsors' and /or organizers may publish photos, videos, and use my likeness in connection with or on the promotion and advertising of sponsor brands or future events. Any photographs taken will be the sponsors' and/or organizers' sole and exclusive property. I, the undersigned, hereby acknowledge and request that I have read the foregoing and understand it and sign it voluntarily and I am of sound mind.

X _____ **Signature Required**

"THE PHRF BUSTER TROPHY"

SO you think your PHRF Rating is wrong?

Now is your chance to get even!!

For this special trophy (and only this trophy) you can buy seconds added to your rating @ \$10.00 per second. Buy as many seconds as you like.

All proceeds will go to the American Cancer Society. The Ratings Buster shall be scored separately and has no bearing on the overall scoring or any other trophy awarded at this event. **How many seconds do you want to buy @ \$10.00/second _____? Total \$ _____**

Name: _____ Yacht: _____

CAPTAINS PACK TOTAL from form attached: \$ _____

RACE ONLY ENRY FEE: \$75.00 before 9/13/21: \$ _____

ADDITIONAL CONTRIBUTION: \$ _____

PHRF BUSTER SECONDS: \$ _____

TOTAL ENCLOSED: \$ _____

Please make checks payable to the:
"Port Jefferson Rotary Club"
with **"MSSA ACS Regatta"** on the memo line

Return entry to:

MSSA

P.O. Box 291

Mt. Sinai, NY 11766

website: www.mssa.org email: commodore@mssa.org