SKIPPER NAME:		
ADDRESS:		
CITY	DDG)/IN/SE/STATE	POSTALIZID CODE
CITY:	PROVINCE/STATE:	POSTAL/ZIP CODE: .
CREW NAME:		
CICLW IV IVIL.		
ADDRESS:		
CITY:	PROVINCE/STATE:	POSTAL/ZIP CODE .
SAIL#	BOAT NAME (optional):	CLUB: .
OATH:		
	rs of this team have helmed in a Friday Night Race in any	prior year.
DELEACE		
RELEASE:	ination in this regatta is entirely at my own rick (See Pula	e 4, Decision to Race). The organizing authority will not accept any liability for materia
		g, or after the regatta. I agree to be bound by the Racing Rules of Sailing and regulations
issued for this event. In	n consideration of acceptance of this entry or my being pe	ermitted to take part in this event, I agree to save harmless and keep indemnified the
		ir respective agents, officials, servants and representatives from and against all claims
		o my person or property, however caused, arising out of or in connection with my taking
	rithstanding that the same may be caused or occasioned b ther understand and agree that this Release is binding upo	by the negligence of the same bodies, or any of them, or their agents, officials, servants on heirs, executors, assigns and myself.
I confirm that I have rev	vioused the provided Concussion Persources and Lacknowle	edge and commit to the Ontario Sailing Concussion Code of Conduct.
		OS-Concussion-Code-of-Conduct-Athlete.pdf
	Concussion Awareness Resources on	
SKIPPER SIGNATURE:		DATE: .
CREW SIGNATURE:		DATE: .
ENTRY FEE: \$30 f	or Racing	Westwood Registrar:
2141111122. \$301	or rucing	Add your initials for receipt of fee/method
Entry Fee Collected	:	Cash
		Cheque payable to Westwood Sailing Club
		Website/Square
		eTransfer to westwoodsailing@gmail.com