SKIPPER NAME:		<u>.</u>
ADDRESS:		
<u>CITY:</u> P	ROVINCE/STATE:	POSTAL/ZIP CODE: .
CREW NAME:		
ADDRESS:		<u>.</u>
<u>CITY:</u> P	ROVINCE/STATE:	POSTAL/ZIP CODE .
SAIL # BOAT NAME (optional)	:	CLUB:
issued for this event. In consideration of acceptance of th Westwood Sailing Club, the Canadian Albacore Association actions, cost, expenses and demands in respect to death, in part in this event. Notwithstanding that the same may be or representatives. I further understand and agree that this I confirm that I have reviewed the provided Concussion Reshttps://ontariosailing.ca/wp-content/uphttps://www.ontario.ca/page/rowans-la	is entry or my being permitted to take pa , its organizers and their respective agents njury, loss or damage to my person or prop- caused or occasioned by the negligence of s Release is binding upon heirs, executors, sources and I acknowledge and commit to loads/2021/10/OS-Concuss	the Ontario Sailing Concussion Code of Conduct. sion-Code-of-Conduct-Athlete.pdf esources
SKIPPER SIGNATURE:		DATE: .
CREW SIGNATURE:		DATE:
ENTRY FEE: \$90 for Racing plus 2 dinner tic EXTRA DINNER TICKET: \$35 until 8pm Jul 20		Westwood Registrar: (your initials on receipt)
Entry Fee Collected:	Website	payable to Westwood Sailing Club e/Square er to westwoodsailing@gmail.com
Extra Dinner Tickets Amount Collected:	Cash	payable to Westwood Sailing Club