Thund	erbird	Intern	ational	Regatta
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2019

BOSTON

July 31-August 4, 2019

Registration Form

Owner: _____

Address:_____

City:	State/Province:	Postal Code:
City:	State/Province:	Postal Code:

Phone:______ Alt. Phone: ______

Email: ______

Boat Name: ______ Sail #: _____

Yacht Club: _____ Fleet #: ____

Registration Fee is in U.S. dollars: \$250

Check or money order should be made payable to:

Donald Kavanagh

Mail check along with signed registration form and a copy of your insurance policy coverage page* to:

Donald Kavanagh

21 Shellton Road

Quincy, MA 02169-2629

Note: minimum liability coverage is \$300,000 (USD)

I hereby agree to adhere to and abide by all provisions of the Racing Rules of Sailing, ITCA class rules, sailing instructions and all rules that govern this regatta. I certify that the yacht is well founded in seaworthy condition and manned by experienced crew. The owner/skipper will ensure that all safety equipment is properly maintained and stowed and that the crew is familiar with its location and use. It is further agreed that neither the owner(s), nor crew members, shall in any way hold the officers and members of Savin Hill Yacht Club, South Boston Yacht Club, Squantum Yacht Club, Fleet 5, the organizing or race committees, or any of them, in whole or in part, liable for any damage, accident or loss, including personal injury or loss of life, howsoever caused.

	_ All owners must sign the foregoing waiver before entry will be accepted		
Owner(s) signature:		Date:	
Insurance Co.:	Policy #:	Exp. Date:	