



**HOSPICE SOUTHEASTERN CONNECTICUT
 REGATTA SERIES 2008**
Stonington Dinghy Club Wednesday Night Hospice Race
July 16, 2008

REGISTRATION

Boat Name _____

Owner's Name _____ Co-Owner _____

Address _____

City _____ State _____ Zip _____

Day Phone _____ Evening Phone _____

Cell Phone _____ Email _____

BOAT AND CLASS INFORMATION

Boat Design & LOA _____

Sail Number _____ Number of Crew _____

PAYMENT INFORMATION

Regatta Entry Fee: (includes 1 t-shirt per boat) PHRF \$100 420 \$ 35 JY 15 \$ 35 Highlander \$ 25 Optimist \$ 25 Other \$ 25	Entry Fee: \$ _____ Other Donation: \$ _____ TOTAL ENCLOSED \$ _____
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Please print this form, fill out and mail with check to:
 Stonington Dinghy Club
 PO Box
 Stonington, CT 06378
 Make checks payable to Hospice Southeastern CT

OR

Register and fundraise on-line by visiting
www.hospicesect.org
 Follow the link to FirstGiving.com.
 Direct Questions to Susan Senning - susansenning@yahoo.com
 or Sally Halsey – shalsey@hospicesect.org

Waiver: To the fullest extent allowed by law, I hereby waive, for myself and anyone acting on my behalf, any rights I may have or may acquire in the future to sue the race organizers, the Thames Yacht Club or Hospice of Southeastern Connecticut, including their respective employees, volunteers, agents and servants ("Releasees"), with respect to personal injury or property damage I may suffer as a result of my participation in this racing event, and hereby release the Releasees of any liability for such injury or damage. (Parent must sign if sailor is under 18.)

Signature _____ Date _____