



2007 LEUKEMIA CUP REGISTRATION

Please complete the form **in its entirety** and mail it along with your payment to the address below.

Please make all checks payable to **The Leukemia & Lymphoma Society**.

Upon receipt of your entry, we will send you a fund raising packet.

(please print)

Full Name _____ check one: Skipper Crew Other Participant

Address _____

City _____ State _____ Zip Code _____

(_____) _____

Daytime Phone _____ E-mail Address (required for receipt of personal webpage) _____

Yacht Club Affiliation (Required) _____ Spinnaker Non-Spinnaker

Class/Manufacturer _____ Boat Type _____ No. of Crew _____

Sail Number _____ Boat Name _____ Current PHRF Rating _____

REGATTA SAILING REGISTRATION

Check one: Racing Cruising Long Distance Event (1 Day) Not Racing

\$50 For Cabins \$10 For Laser, Sunfish (circle one)

\$40 For Dinghies / Multi Hulls (circle one)

FOR SKIPPERS, CREW & OTHER PARTICIPANTS (Please indicate how many of each)

____ \$7 Saturday Lunch # ____ \$15 Saturday Night Dinner # ____ \$7 Sunday Lunch

Check Enclosed for: \$ _____ I'd like to pay my entry fee by credit card. AMEX / MC / VISA (circle one)

Card # _____ Exp. Date _____

Sig. Code _____ (last 3-digits in signature area on reverse side of card)

Amount \$ _____ Signature _____

I agree to abide by the Racing Rules of Sailing (US) and sailing instructions originated by the host club and/or other rules that govern this event. In consideration of being permitted to enter this event, being knowledgeable of the risks of competitive sailing and knowing that it is my sole responsibility to decide whether to start or continue any race, I voluntarily assume the risk of participation in this event and release the host club, Carlyle Sailing Association, and the people conducting the event, The Leukemia & Lymphoma Society, from all liability in connections with any injury or damage that may occur.

Signature of Competitor _____

Date _____

MAIL TO:

The Leukemia & Lymphoma Society/Regatta
77 West Port Plaza, Ste.101 • St. Louis, MO 63146

Questions? Contact Judy Swiecicki
314/878-0780 or 800/264-2873 or FAX: 314/878-4050
email: judy.swiecicki@lls.org