

SHIELDS NATIONALS



Registration Form

PLEASE PRINT OR TYPE

Sail Number: _____ Boat Name: _____

Fleet No. _____ Skipper: _____

DOB ____/____/____ (for Sr.-Jr. Prizes) Fleet Affiliation: _____

Home Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____

Mobile Phone: _____

E-mail Address: _____ US Sailing Member # _____

Social Schedule

Wednesday: Registration , launch, practice race- Evening: BBQ

Thursday: Complimentary breakfast (main clubhouse)

Evening: A "sailor's grille" hosted at Oakcliff Sailing Center. Free night in Oyster Bay

Friday: Complimentary breakfast (main clubhouse)

Evening: Wine tasting/ buffet dinner at SCYC. live music.

Saturday: Complimentary breakfast (main clubhouse)

Evening: formal awards banquet (main clubhouse) Lobster/Steak Dinner

Boat Registration

(Registration price includes dinner for the **skipper and 3 crew** Wed, Fri, and Sat nights)

Advanced registration fee: (before August 27, 2011) **\$525** _____

Registration fee: (after August 27, 2011) **\$595** _____

Social fee: (additional crew or guests) ____ person(s) x \$125/person \$ _____

Total # Guests attending the awards dinner: _____ Choose: Lobster ____ Steak ____

Box lunch @ \$11 contains sandwich, fruit, cookie and a bottle of water. Available @ SCYC each morning. Must be ordered at or before registration 9/21

Total lunches needed: Thursday #____ Friday #____ Saturday #____
Turkey: T__F__S__ Ham: T__F__S__ Roast Beef: T__F__S__
Total Enclosed: (Total X \$11) \$_____

Housing

We request housing for _____ persons. Complimentary housing in SCYC members' homes will be on a first registered, first served basis. Housing will be available during the regatta from Wednesday night through and including Saturday night.

Name: _____ Single__ Can share__ (can share with) _____

Name: _____ Single__ Can share__ (can share with) _____

Name: _____ Single__ Can share__ (can share with) _____

Name: _____ Single__ Can share__ (can share with) _____

Fleet Captain's Certification All yachts must be duly qualified pursuant to the Shields Class Sailing Association Rules Governing the National Championship Regatta and have paid Shields Class Sailing Association dues for 2011.

I have paid fleet dues _____ (initial)

I confirm that my Shields is insured with liability coverage that meets or exceeds that required in the Notice of Race: _____ (initial)

My insurance carrier is: _____ Policy # _____

Crew names:

I agree to be bound by all rules that govern this event. I will inform all crew members of the conditions stated herein for their participation in such racing.

Signature _____

Competitors may enter early by delivery of the regatta entry form with the applicable entry fee (checks are payable to Shields Fleet 5) no later than August 27, 2011
Mail: Wayne Marciano 9 Tiffany Road Oyster Bay Cove, NY 11771.
SCYC fax: (516) 922-6203 Email: waynett@earthlink.net

Total Fee: _____ Check Enclosed _____ Credit Card Type: _____

Credit Card Number: _____ Expiration Date: ___/___