

2017 GYC Intention-to-Race Form

I, _____ intend to race in the GYC 2017 race season.

Boat Name: _____

Boat Type (e.g. J80): _____ My Sail Number: _____

My Insurance provider is: _____ Policy #: _____

All participating boats are expected to be **Race Delegate for at least one race** during the season, please provide first and second choice dates in the table below and they will be considered when the schedule is finalized. All participating Tuesday night boats are expected to **provide cook/cleanup services for the cookout**, please provide first and second choice dates in the table below and they will be considered when the scheduled is finalized. If dates are not provided, boats will be assigned dates.

		Race Delegate dates:	Tuesday Cook/Cleanup
I intend to race in the Spring Tuesday night series	<input type="checkbox"/> GO or <input type="checkbox"/> SPIN	(provide 2 dates)	(provide 2 dates)
I intend to race in the Summer Tuesday night series	<input type="checkbox"/> GO or <input type="checkbox"/> SPIN		
I intend to race in the Fall Tuesday night series	<input type="checkbox"/> GO or <input type="checkbox"/> SPIN		
I intend to race in the Spring Weekend Series	<input type="checkbox"/> GO or <input type="checkbox"/> SPIN		
I intend to race in the Fall Weekend Series	<input type="checkbox"/> GO or <input type="checkbox"/> SPIN		
I intend to race in the Double Handed Weekend Series	<input type="checkbox"/> GO or <input type="checkbox"/> SPIN	1 st : _____	1 st : _____
I intend to race in the Long Distance Series	<input type="checkbox"/> GO or <input type="checkbox"/> SPIN	2 nd : _____	2 nd : _____
I intend to race in the Single Handed Race	<input type="checkbox"/> GO		
I intend to race in the Scotch Bonnet Light Race	<input type="checkbox"/> GO or <input type="checkbox"/> SPIN		
I intend to race in the Women Skippers Race	<input type="checkbox"/> GO or <input type="checkbox"/> SPIN		
I intend to race in the Hospice Regatta	<input type="checkbox"/> GO or <input type="checkbox"/> SPIN		
I am interested in participating in Match Racing	<input type="checkbox"/> Yes or <input type="checkbox"/> No		

I hereby certify that I have the minimum equipment as suggested in the Genesee Yacht Club 2017 Sailing Instructions. I enter into GYC racing of my own free will. I also agree that the Genesee Yacht Club is not responsible for any injury or loss to persons or property that may occur as a result of participation in the 2017 GYC Racing Program. Further, I believe my yacht is well found for racing, and I certify that I carry adequate liability insurance coverage for collision and bodily injury. I have a valid PHRF certificate. I understand and agree to be bound by The ISAF Racing Rules of Sailing and all other rules that govern these events. The Genesee Yacht Club Race Committee reserves the right to reject any yacht.

Signature of Owner: _____ Date: _____

Signature of Skipper (if different): _____

Note: No boat will be scored until completed ITR forms have been received and PHRF dues have been paid!

Invoice

2017 Lake Ontario PHRF Fee including tax. \$27.00

Due Date: On or before Sailor's Night

Checks should be made out to GYC and placed in the drawer or may be returned to:

Treasurer: John Andersen, GYC PO Box 12771 Rochester, NY 14612 (585) or

Rear Commodore: Gary Leary, 443 Wellington Ave., Rochester, NY 14619 (585) 230-8821