



OFFICIAL ENTRY APPLICATION

29TH ANNUAL HOLIDAY REGATTA OF LIGHTS

Saturday, December 12th, 2009

Owner's Name: _____ Skipper's Name: _____

Skipper's Local Address: _____

Home Phone: _____ Work or Cell Phone: _____

E-mail: _____

Vessel's Name: _____ Registration #: _____

Home Port: _____

Vessel's Description: _____

Length: _____ Power: _____ Sail: _____

Number of Crew: _____

Do you have the following on board ? VHF Radio: _____ USCG Required

Safety Equipment: _____ Number of Life Jackets: _____

By officially entering the 29th annual Holiday Regatta of Lights, I hereby fully understand and agree that my participation is voluntary and at my own risk. I hereby agree to hold harmless the host, sponsoring associates, and businesses for any personal injury or property damage which I may cause in any way, or which may be occasioned on me, those on my vessel, or to my vessel.

Signed: _____

Please mail or fax to: St. Augustine Yacht Club
442 Ocean Vista Avenue
St. Augustine, FL 32080
904-824-9725 • Fax 904-824-7744

Deadline to enter:
December 11, 2009

Or register online at: www.sayc2000.com (Regatta of Lights)