



# Lakeside Yacht Club

## 2009 Ruhlman Cup Race Entry Form

(Please print)

YACHT NAME \_\_\_\_\_ SAIL NUMBER \_\_\_\_\_

MAKE or CLASS \_\_\_\_\_ RATING \_\_\_\_\_ (Certificate Required)

HULL COLOR \_\_\_\_\_ SPINNAKER COLORS \_\_\_\_\_

FLEET (circle) PHRF JAM Mumm-30 T-10 OTHER \_\_\_\_\_

SKIPPER'S NAME \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE(home) \_\_\_\_\_

YACHT CLUB \_\_\_\_\_ PHONE(bus) \_\_\_\_\_

I agree to comply with the Racing Rules of Sailing as adopted by the ISAF, the regulations of the U.S. Coast Guard and the State of Ohio while participating in any of these events. I understand that I am solely responsible for my yacht, my crew, and myself in accordance with the rules of good seamanship and the International Yacht Racing Rules. I agree not to hold Lakeside Yacht Club, its officers, members, employees, or race committee members liable for any claims that may arise due to my participation in these events that are beyond the limits of their insurance coverage.

SIGNATURE (Skipper/Owner) \_\_\_\_\_ DATE \_\_\_\_\_

A valid PHRF rating certificate is required for all boats. A copy of the certificate and a check payable to Lakeside Yacht Club for the total amount due must be submitted with this entry form no later than 6:00 PM the day before the event.

Mail To: Regatta Chairman  
Lakeside Yacht Club  
4851 North Marginal Road  
Cleveland, Ohio 44114

U.S. Sailing Member \$75 \_\_\_\_\_

Non-U.S. Sailing Member \$80 \_\_\_\_\_

U.S. Sailing Number \_\_\_\_\_

**To pay by credit card please call the club at 216-432-3270**



# Lakeside Yacht Club

## 2009 Women's Race Entry Form

(Please print)

YACHT NAME \_\_\_\_\_ SAIL NUMBER \_\_\_\_\_

MAKE or CLASS \_\_\_\_\_ RATING \_\_\_\_\_ (Certificate Required)

HULL COLOR \_\_\_\_\_ SPINNAKER COLORS \_\_\_\_\_

FLEET (circle) PHRF JAM Mumm-30 T-10 OTHER \_\_\_\_\_

SKIPPER'S NAME \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE(home) \_\_\_\_\_

YACHT CLUB \_\_\_\_\_ PHONE(bus) \_\_\_\_\_

I agree to comply with the Racing Rules of Sailing as adopted by the ISAF, the regulations of the U.S. Coast Guard and the State of Ohio while participating in any of these events. I understand that I am solely responsible for my yacht, my crew, and myself in accordance with the rules of good seamanship and the International Yacht Racing Rules. I agree not to hold Lakeside Yacht Club, it's officers, members, employees, or race committee members liable for any claims that may arise due to my participation in these events that are beyond the limits of their insurance coverage.

SIGNATURE (Skipper/Owner) \_\_\_\_\_ DATE \_\_\_\_\_

A valid PHRF rating certificate is required for all boats. A copy of the certificate and a check payable to Lakeside Yacht Club for the total amount due must be submitted with this entry form no later than 6:00 PM the day before the event.

Mail To: Regatta Chairman  
Lakeside Yacht Club  
4851 North Marginal Road  
Cleveland, Ohio 44114

U.S. Sailing Member \$25 \_\_\_\_\_

Non-U.S. Sailing Member \$30 \_\_\_\_\_

U.S. Sailing Number \_\_\_\_\_

**To pay by credit card please call the club at 216-432-3270**



# Lakeside Yacht Club

## 2009 Double Handed Race Entry Form

(Please print)

YACHT NAME \_\_\_\_\_ SAIL NUMBER \_\_\_\_\_

MAKE or CLASS \_\_\_\_\_ RATING \_\_\_\_\_ (Certificate Required)

HULL COLOR \_\_\_\_\_ SPINNAKER COLORS \_\_\_\_\_

FLEET (circle) PHRF JAM Mumm-30 T-10 OTHER \_\_\_\_\_

SKIPPER'S NAME \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE(home) \_\_\_\_\_

YACHT CLUB \_\_\_\_\_ PHONE(bus) \_\_\_\_\_

I agree to comply with the Racing Rules of Sailing as adopted by the ISAF, the regulations of the U.S. Coast Guard and the State of Ohio while participating in any of these events. I understand that I am solely responsible for my yacht, my crew, and myself in accordance with the rules of good seamanship and the International Yacht Racing Rules. I agree not to hold Lakeside Yacht Club, it's officers, members, employees, or race committee members liable for any claims that may arise due to my participation in these events that are beyond the limits of their insurance coverage.

SIGNATURE (Skipper/Owner) \_\_\_\_\_ DATE \_\_\_\_\_

A valid PHRF rating certificate is required for all boats. A copy of the certificate and a check payable to Lakeside Yacht Club for the total amount due must be submitted with this entry form no later than 6:00 PM the day before the event.

Mail To: Regatta Chairman  
Lakeside Yacht Club  
4851 North Marginal Road  
Cleveland, Ohio 44114

U.S. Sailing Member \$25 \_\_\_\_\_

Non-U.S. Sailing Member \$30 \_\_\_\_\_

U.S. Sailing Number \_\_\_\_\_

**To pay by credit card please call the club at 216-432-3270**