

Chester Opti-Jam Registration 2017

| Name: | | Sail Number: | |
|---|--|--|--|
| Address: | | | |
| Telephone Number: | | | |
| Yacht Club: | | | |
| Coach: | | | |
| 2) ARK 3) SMSC 4) Sail East | shes | | |
| Fee: \$60.00 | Received: | Cash: | Cheque: |
| Fleet: (Circle one) | Advanced | Intermediate | Beginner |
| Meal: (Circle one) | ham/cheese sub | , | Turkey/cheese sub |
| Health Card #: | | D.O.B: | |
| and liability insurand involved with the re | ce covering all risk. T gatta, accept no liabili onal or material, incur | he Organizing Aut ty whatsoever for | chority and must carry property chority and any other party any injury, damage loss or or inflicted to participants |
| without compensation | 0 | , website posting, | my name, age and photograph advertisement, brochure or |
| Competitor | | Date | |
| Parent/Guardian | | Date | |