

**FLYING SCOT REGATTA**  
**ENTRY FORM AND WAIVER**

**Mail entries to: SARASOTA SAILING SQUADRON**  
**P.O. BOX 1927, Sarasota FL 34230**

Skipper's Name \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Ph. \_\_\_\_\_  
 Club Affiliation \_\_\_\_\_ Class FLYING SCOT  
 Boat Name \_\_\_\_\_ Sail Number \_\_\_\_\_  
 Crew #1 \_\_\_\_\_ Crew #2 \_\_\_\_\_

REGATTA ENTRY FEE    \$38.00 per boat PLUS \$2 District fee                 **\$40.00**  
 Fee includes two dinners and 6 drink tickets each good for draft beer, soda or water at the bar,  
 plus racing and trophies.

ADDITIONAL DINNER TICKETS @ \$10.00 EACH                                 \$ \_\_\_\_\_

TOTAL AMOUNT                                 check \_\_\_\_ cash \_\_\_\_

Credit cards are now accepted on site – you may pre-register then pay by  
 credit card on the day of the regatta.     \$ \_\_\_\_\_

Checks should be made payable to "Sarasota Sailing Squadron"

SIGNATURE \_\_\_\_\_ PRINT NAME \_\_\_\_\_

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WAIVER STATEMENT – Must be signed by each Skipper before registration is completed.

I UNDERSTAND the inherent risks of sailboat racing. I agree that the decision to race or not  
 must be made solely by the Skipper of each boat, and that the responsibility for the safety of  
 each boat and all crew members rests solely with the Skipper of that boat.

I will not hold the Sarasota Sailing Squadron, its staff, members or agents responsible for any  
 damage or injury incurred in the course of participation in this regatta.

Signature of Skipper \_\_\_\_\_

Date \_\_\_\_\_