



**ENTRY FORM
2003 U.S. JUNIOR TRIPLEHANDED CHAMPIONSHIP**

SEARS

ASSOCIATION, AREA and NATIONAL CHAMPIONSHIP

Complete in full. Incomplete entry form will not be accepted. At the completion of the Association championship, send one copy to club or association conducting the Area championship with entry fee in accordance with Area policy.

Sailing Club or Affiliation of the skipper _____ AREA (A-K): _____

The following must be completed by an Officer of the skipper's sailing club or affiliation:

I certify the skipper is a member of the _____

Date _____ By _____ Officer.

Signature

_____ Officer.

Office held

Print or type name

Individual or family membership in US SAILING is required for competitors at all levels from Association level and up.

SKIPPER _____ M F B-Day ___/___/___ WT _____ US SAILING # _____

Street _____ City _____ ST _____ ZIP _____ Tel# _____

Email _____

CREW _____ M F B-Day ___/___/___ WT _____ US SAILING # _____

Street _____ City _____ ST _____ ZIP _____ Tel # _____

Email _____

CREW _____ M F B-Day ___/___/___ WT _____ US SAILING # _____

Street _____ City _____ ST _____ ZIP _____ Tel # _____

Email _____

ALTERNATE _____ M F B-Day ___/___/___ WT _____ US SAILING # _____

Street _____ City _____ ST _____ ZIP _____ Tel # _____

Email _____

HOMETOWN NEWSPAPER _____ Tel# _____

Address _____ Contact _____

I agree that I am an amateur as defined in Appendix R of the 2001-2004 ISAF Racing Rules of Sailing

Signed _____ Date _____

At the completion of the Area elimination, make three copies of the forms and distribute as follows:

1. SEARS Regatta Chair, Edwin C. Theisen, Jr, 2171 Babcock, Troy, MI 48084
2. SEARS US SAILING, Linda Christofersen, , P.O. Box 1260, Portsmouth, RI 02871
3. SEARS Championship Chair, Chris Bartel, 1098 Royal Oak Drive, Chagrin Falls, OH 44022

AREA _____

PLEASE RETURN THE FOLLOWING INFORMATION TO US SAILING IMMEDIATLY AFTER COMPLETION OF EVENT

At the completion of the SA championships, send one copy of the winner's and the runner-up's entry form to the host club or SA conducting the Area championships with the entry fee in accordance with Area policy.

The following is to be completed by the Association championship race committee chairman or chief judge. Please list below, in order of finish, the names of the helmsperson and their affiliation:

Skipper's Name	Sailing Club/Affiliation
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

TOTAL NUMBER OF PARTICIPANTS IF MORE THAN SIX: _____

The team named on the front of this entry form was the winner/runner-up (circle one) of the association championship. The club to which members of this crew belong are members of US SAILING.

Date _____ By _____
Race Committee Chairman or Chief Judge

The following to be completed by the Chief Judge for the Area Championship. Please list below, in order of finish, the names of the helmsperson that sailed in the Area Championships:

Skipper's Name	Association and Sailing Club/Affiliation
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

TOTAL NUMBER OF PARTICIPANTS IF MORE THAN SIX: _____

Date _____ By _____
Chief Judge

