

SINGLEHANDED SAILING SOCIETY 2008 Singlehanded TransPacific Yacht Race Application for Race Entry

Skipper's Name				
Address				
	CITY		STATE	_ZIP
Home Phone			Work Phone	
Fax			Cell Phone	
Email				
Apparel Sizes				
Shirt: $S - M - L - XL$	- XXL Waist	S-M-L-XL-XXL	Shoe: S-M-L-XL	XXL Glove: S-M-L-XL-XXL
Yacht Name			Sail #	
Yacht Model			Hull # for Race	
Home Port			Year Built	
Where Berthed			Doc/CF #	
Type of Rig			Length Overall	
Construction Material			Length Waterlin	e
Hull Color			Draft	
Deck Color			Beam	
PHRF/BAMA Rating			Displacement	
Yacht Club Affiliation	(optional)			
In case of an emerger	ncy, please conta	ct the following person:		
Name:		Cell phone:		Email:
Address:				
Additional contact info	ormation:			
		on will be outfitted and eq ions, and Sailing Instruction		ith the conditions of the race as outlined in the
I agree to comply with other rules under which			ctions of the Race Comr	mittee, International Rules of the Road, and
Skipper's signature				Date

The Race Committee must receive completed Applications for Race Entry forms and full payment of entry fees no later than May 3, 2008. Applications must be received in hard copy; electronic applications via fax or email are not allowed, except as noted. (RRC 2.4) Completed applications include a completed Entry Form, a completed Sailing Experience Form, a Signed Waiver Form, a photograph of the skipper, one or more photographs of the yacht under sail, a copy of the most recent marine survey of the yacht, and a drawing and photograph (if available) of the yacht's emergency steering system as it would be mounted. (RRC 2.4 a - g) Refer to the Race Rules & Conditions for the entry fee schedule. (RRC 2.2 a - c). The Race Committee will notify an applicant of provisional acceptance or non-acceptance in writing as soon as possible after receipt of entry. (RRC 2.10, 2.11) Mail application, including attachments to: TransPac 2008, c/o Singlehanded Sailing Society, PO Box 457, Alameda CA 94501.

SINGLEHANDED SAILING SOCIETY 2008 Singlehanded TransPacific Yacht Race Sailing Experience

Skipper Name:	Age:				
Yacht Name:					
Please describe previous ocean racing or cruising experience:					
If you have not yet completed your qualifying cruise, when and where do you expect to do so?					
Skipper's signature:	Date:				