



First Name:

Last Name:

Email:

Cell:

Boat Name:

Sail Number:

Division:

PHRF Rating:

Club:

Sail NL Member:

* \$30 Sail Canada Fee is charged non SailNL Members.

Crew Members:

First Name:

Last Name:

First Name:

Last Name:

First Name:

Last Name:

First Name:

Last Name:

First Name:

Last Name:

First Name:

Last Name:

First Name:

Last Name:

First Name:

Last Name:

First Name:

Last Name:

First Name:

Last Name:

First Name:

Last Name:

Race Registration

Fee: Sail Canada Fee:

Box Lunch Order:

Dinner and Dance:

Payment Options:

Box Lunch:

Charge to my RNYC Account

HST:

Pay by Credit Card**

** Contact RNYC at 709 834 5151

TOTAL:

Signature :