



TEAM RACE ENTRY FORM

VANGUARD 15

AUGUST 26-27, 2006

Team Name: _____

Team Captain: _____

Telephone Number: _____ (day)

_____ (eve)

Email address: _____

Number of Team Members: _____

Entry Fee (\$240) circle one: NYYC Member # / Check / Credit Card type:

_____ # _____ Exp _____

Name on Credit Card: _____

Entry fee includes BBQ dinner, beer and band

Please provide the names of those who are sailing

Skipper _____

Email _____

Crew _____

Email _____

Skipper _____

Email _____

Crew _____

Email _____

Skipper _____

Email _____

Crew _____

Email _____

Please be aware that ALL people sailing MUST sign and return a waiver

*New York Yacht Club Sailing Office
5 Halidon Avenue, Newport, RI 02840
(401) 845-9633, Fax (401)846-3303
E-Mail: blechad@nyyc.org*