



## Quarter and Semi Final Registration Form 2009 Junior Triple-Handed Championship

**ASSOCIATION and AREA**

RSA/ AREA: SMSA

Complete in full. Incomplete or illegible entry forms will not be accepted. Individual or family membership in US SAILING is required for all competitors at all levels. Registration for the finals will be online only.

**SKIPPER**

Name \_\_\_\_\_ Day Phone # \_\_\_\_\_ Home \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
Member of (club) \_\_\_\_\_ Birthdate \_\_\_\_\_ US SAILING # \_\_\_\_\_  
RSA \_\_\_\_\_ Club membership# \_\_\_\_\_  
E-mail address: \_\_\_\_\_

**CREW**

Name \_\_\_\_\_ Day Phone # \_\_\_\_\_ Home \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
Member of (club) \_\_\_\_\_ Birthdate \_\_\_\_\_ US SAILING # \_\_\_\_\_  
RSA \_\_\_\_\_ Club membership# \_\_\_\_\_

**CREW**

Name \_\_\_\_\_ Day Phone # \_\_\_\_\_ Home \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
Member of (club) \_\_\_\_\_ Birthdate \_\_\_\_\_ US SAILING # \_\_\_\_\_  
RSA \_\_\_\_\_ Club membership# \_\_\_\_\_

**CREW**

Name \_\_\_\_\_ Day Phone # \_\_\_\_\_ Home \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
Member of (club) \_\_\_\_\_ Birthdate \_\_\_\_\_ US SAILING # \_\_\_\_\_  
RSA \_\_\_\_\_ Club membership# \_\_\_\_\_

**ALTERNATE** (Need not be named until after Area eliminations--see Conditions)

Name \_\_\_\_\_ Day Phone # \_\_\_\_\_ Home \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
Member of (club) \_\_\_\_\_ Birthdate \_\_\_\_\_ US SAILING # \_\_\_\_\_  
RSA \_\_\_\_\_ Club membership# \_\_\_\_\_

**Skipper: Obtain the signature of your Club Officer prior to registration for the event:**

*The following must be completed by a Flag Officer of the skipper's yacht club.*

I certify that the skipper (and crew if applicable) is/ are a member of \_\_\_\_\_  
\_\_\_\_\_ (Club or Organization), which is a member of US SAILING, Membership No: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Officer: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_



## 2009 Junior Triple-Handed Championship

Association Event Chair: \_\_\_\_\_

Location of Event: \_\_\_\_\_

*On the winner's registration form, enter the results below and get the RC Chair or Chief Judge's signature.*

### QUARTER FINAL

Finish Position	Skipper's Name	Club Affiliation
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____

Total number of entries, if more than six: \_\_\_\_\_

The crew named on the front of this form was the winner of the Association Championship. The clubs to which the individual crews belong are members of US SAILING.

Date \_\_\_\_\_ By \_\_\_\_\_  
*(Signature of Race Committee Chair or Chief Judge)*

#### INSTRUCTIONS FOR RACE ORGANIZER

1. Complete the online Regatta Report (**with the full results**) for the championship found on its homepage at <http://championships.ussailing.org> and return it electronically to the addresses listed on the form.
2. Send this registration form for the winner and runner-up to the Area Chair listed below along with the Area entry fee according to the Area policy.
3. Keep a copy for your records.

Registration for the finals will be online only.

Area Event Chair \_\_\_\_\_ AREA \_\_\_\_\_