

2005 Area B Leiter Clinic and Regatta and JSA Girls' Championship

Club _____ Phone _____ Fax _____

Name _____ Birth Date _____
last name first name

Address _____ Home Phone _____

Father _____ Mother _____
If address is different if address is different

work phone work phone

Sail Number _____

I need housing: Yes _____ No _____ If not, where will you be staying:

Name _____ Phone _____
Address _____

Will you have your own car? Yes _____ No _____
Can you provide housing? Yes _____ How many? _____ No _____

Check all that apply and provide membership where applicable:

JSA _____
U.S. Sailing Membership # _____
Laser Class Membership # _____

Health Concerns (Allergies, Regular Medications etc.) _____

Individuals to contact if Parents cannot be reached

Name _____ Phone _____ Cell Phone _____ Fax _____
Name _____ Phone _____ Cell Phone _____ Fax _____

Make \$50 check payable to **OYSTER BAY SAILING FOUNDATION**. Send to Mrs. Joan Lawson, 76 Wyatt Rd., Garden City, New York 11530. Phone: 516-742-2574.

Please sign the attached liability release and authorization for emergency medical treatment. Contestants cannot participate without the signed form.

Deadline July 1, 2005