



Michigan City Yacht Club Short Handed Race 2020 Entry Form

Yacht Name	Make/Model	Sail#
_____	_____	_____
Length (ft)	Draft (ft)	Class
_____	_____	SPIN <input type="checkbox"/>
		JAM <input type="checkbox"/>
		PHRF Rating

Skipper Information:

Name	Email	Cell Phone
_____	_____	_____
Address	City	St ZIP
_____	_____	_____

Skipper Emergency Contact:

Name	Email	Cell Phone
_____	_____	_____

Crew Information:

Name	Email	Cell Phone
_____	_____	_____
Address	City	St ZIP
_____	_____	_____

Crew Emergency Contact:

Name	Email	Cell Phone
_____	_____	_____

Include copy of PHRF certificate and proof of insurance.

Return to dean@domanweb.com