

**ENTRY CARD**  
**MODEL YACHT FLEET TOM COLLIER RACE**  
July 12<sup>th</sup>, 2024

**Please print**

Skipper \_\_\_\_\_  
Sail No. \_\_\_\_\_ Boat Type \_\_\_\_\_ Boat Name \_\_\_\_\_  
Address \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
E-mail \_\_\_\_\_  
Yacht Club Affiliation (Not required) \_\_\_\_\_

I/We agree to conform with all the rules and regulations of the King Harbor Yacht Club and to comply with the USSA and other rules under which this race will be sailed. I/We agree to indemnify and hold Cedars-Sinai Medical Center, King Harbor Yacht Club, its Officers, Directors, members and committee persons harmless of any and all liability of any nature whatsoever which may arise during the above described event for accident or injury or otherwise to myself, my crew, my guests or my boat. I/We hereby certify that I/we are able to swim. I/We agree to telephone or notify the King Harbor Yacht Club immediately upon withdrawal from the race.

Signed: (Owner/Skipper) \_\_\_\_\_

Boat Registration/Donation	\$15 00	= _____
Participating Both Race Days	\$35.00	= _____

TOTAL FEES \_\_\_\_\_

**Make checks payable to: Charitable Fund of KHYC. Please note Tom Collier Regatta on the memo line.**

Mail Entry and Fees to:  
Cure Cancer Cup Regatta  
c/o King Harbor Yacht Club  
280 Yacht Club Way  
Redondo Beach, CA 90277