

# SOLMAR<sup>®</sup>



## Lake Ontario 300

### Entry Form - Fully Crewed Yachts - 2007

- Fleet 1 (PHRF-Spinnaker)  
 Fleet 2 (PHRF-Main& Jib)

Yacht name: \_\_\_\_\_ Type: \_\_\_\_\_ LOA: \_\_\_\_\_

Rig: \_\_\_\_\_ Sail No.: \_\_\_\_\_ PHRF rating: \_\_\_\_\_

Spinnaker colours: \_\_\_\_\_

Hull colour: \_\_\_\_\_ Cellular phone: \_\_\_\_\_ Country: \_\_\_\_\_

Yacht club: \_\_\_\_\_ Home port: \_\_\_\_\_

Insurance company: \_\_\_\_\_

Policy number: \_\_\_\_\_

#### Skipper

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Prov./State: \_\_\_\_\_

Post/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**ALL SKIPPERS MUST PROVIDE A FULL CREW LIST TO THE ORGANIZING COMMITTEE AT THE SKIPPERS' MEETING**

*Please read and sign the following waiver.*

In consideration of the acceptance of my entry by the Organizing Committee of the Lake Ontario 300 Challenge, I the entrant (skipper) of the above named yacht hereby warrant that the yacht will be fully found and thoroughly seaworthy, and will be outfitted and equipped to meet the most severe weather conditions that may be encountered during the race, including full gale conditions.

The yacht and her equipment will comply with the mandatory requirements of Appendix A of the Notice of Race, and she will be manned by a competent crew who are physically fit to undertake the race.

By entering and starting in this race, the skipper agrees to comply with all the conditions laid down and the decisions made by the organizers and all Race and Protest Committee members appointed to organize and run the race, and do for him/herself, his/her representatives, heirs and assigns waive any and all claims as may accrue to them, whether arising from negligence or otherwise, against the Oakville Yacht Squadron, the Port Credit Yacht club, and their officers, directors, members, employees and agents, The Race Committee and sponsors, and any one or more of them, arising out of the participation of the entrant's yacht in this race, or any activity related to this race.

The entrant further acknowledges and agrees that neither the sponsors, the Oakville Yacht Squadron, the Port Credit Yacht Club nor their officers, directors, members, employees or agents, nor the members of the Race Committee assume or accept any responsibility for property damage to any boat or for any personal injury to any skipper, crew or friends of the skipper or crew suffered while participating in the race, or any pre- or post-race activities.

The skipper and crew acknowledge and agree that the decision to start or to continue in the race is solely that of the skipper and crew.

I the skipper hereby acknowledge that I have read and understood the waivers of liability contained in the Entry Form as well as the terms and conditions of entry and agree to be bound by them. As skipper, I agree to be bound by the Racing Rules of Sailing and by all other rules that govern this event.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 2007.

---

Skipper

Please enclose:

1. Copy of current, valid PHRF-LO certificate
2. Cheque or money order payable to "LO 300 Inc" in the amount of \$125.

Please send completed entry to:

Lake Ontario 300  
c/o Sandra Kennedy  
1905 Pilgrims Way, PH4  
Oakville, Ontario L6M 2X2  
Canada



# Lake Ontario 300

## 2007 Crew List

Yacht: \_\_\_\_\_

Skipper: \_\_\_\_\_

Name, age \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone, e-mail \_\_\_\_\_  
 Emergency contact \_\_\_\_\_

Name, age \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone, e-mail \_\_\_\_\_  
 Emergency contact \_\_\_\_\_

Name, age \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone, e-mail \_\_\_\_\_  
 Emergency contact \_\_\_\_\_

Name, age \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone, e-mail \_\_\_\_\_  
 Emergency contact \_\_\_\_\_

Name, age \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone, e-mail \_\_\_\_\_  
 Emergency contact \_\_\_\_\_

Name, age \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone, e-mail \_\_\_\_\_  
 Emergency contact \_\_\_\_\_

Name, age \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone, e-mail \_\_\_\_\_  
 Emergency contact \_\_\_\_\_

Name, age \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone, e-mail \_\_\_\_\_  
 Emergency contact \_\_\_\_\_

