

YOUTH TEAM RACING CHAMPIONSHIP APPLICATION

US Naval Academy 26-27 Aug 2006

Team Captain Name: _____

Email Address: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: (____) _____

Parent/Guardian Name: _____

Daytime Ph: (____) _____ Evening Ph: (____) _____

Parent's Email Address: _____

Team Members:

Skipper: _____ Crew: _____

Skipper: _____ Crew: _____

Skipper: _____ Crew: _____

RACING RESUME

Club or High School: _____

Coach's Name: _____

Average Team Member Years of Team Racing Experience: _____

Recent Team Racing Results:

COMPETITOR NAME	REGATTA	BOAT	FINISH	DATE

METHOD OF PAYMENT

Full Regatta Registration payment of \$150 is required to apply.

Amount Enclosed: _____ Check #: _____ Make Check Payable to: NAAA - Sailing

Visa/Mastercard #: _____

Expiration Date: _____

RETURN APPLICATION TO:

Robert Crown Sailing Center - **Attn:** Coach Gavin O'Hare

U.S. Naval Academy - 601 Brownson Road

Annapolis, MD, 21402

Email: ohare@usna.edu

Fax: 410.293.5233