

Interscholastic Sailing Association

SAISA Mallory Championship Series

Regatta Registration Form

Event: _____ Event Date: _____
School: _____
City: _____ State: _____ ZIP: _____
Coach: _____ Email: _____ Cell: _____
Advisor: _____ Email: _____ Cell: _____

Team Members

Team A

Name	Grade	Email
1. _____		
2. _____		
3. _____		
4. _____		

Team B

Name	Grade	Email
1. _____		
2. _____		
3. _____		
4. _____		

Each competitor must file a waiver at or before registration. Note that proof of enrollment in the member school may be requested at any time.

REGISTRATION &/or DAMAGE DEPOSIT FEE OF \$_____ IS ATTACHED

We agree to be bound by *The Racing Rules of Sailing* and by all other *rules* that govern this event.

Responsible Adult

Date