CONCH REPUBLIC CUP APPLICATION

APPLICANT INFORMATION								
Vessel Owner/Captain Name:								
Vessel Name:	Date of birth:	Phone:						
Mailing Address: City, State, Zip:								
Passport Number:	Country:	Passport Expiration Date:						
Email:	(Check Applicable: Owner 🛛 Skipper 🗍						
VESSEL INFORMATION								
Vessel Name:	Year Built:							
Vessel Make & Model:		Engine Type:						
Length: Bea	Length: Beam:							
Check Applicable: Sailboat: Monohull	Multihull D Power Boat	Registration#:						
Navigation & Safety Equipment:								
Yacht Club (if applicable): Home Port/Country:								
Sail # or Identifying Characteristic: PHRF Rating(if applicable):								
Class: PHRF Spinnaker D PHRF Non-Spir	nnaker 🛛 Multihull 🗌	Schooner Cruiser/Participant						
ADDITIONAL CREW INFORMATION								
Name City State Country	Email	DOB Passport Number & Expiration Date						
	EMERGENCY CONTACT II	NFO						
Name to Contact in Event of Emergency:								
Phone: Emai	1:	Alt. Phone:						
FEE SCHEDULE								
\$750 for Ve	essel + \$25 per each crew mem	per for awards party						
Early Entry Fee = \$650 if received by 3/1/19, Late Entry Fee= \$1000 if received after 4/1/19, No refunds after 4/10/19								
Entry Fee due at time of application. Make checks payable to: Conch Republic Cup or via Paypal Mail to: CRC, 1107 Key Plaza #327, Key West, FL 33040 or Email to: karen@conchrepubliccup.org								
WAIVER & RELEASE OF LIABILITY								
CONCH REPUBLIC CUP REGATTA, KEY WEST CUBA RACE WEEK 2019 In consideration of being allowed to participate in the event on behalf of myself, my heirs, successors and assigns, I hereby waive any and all claims, actions, suits, and demands against Conch Republic Cup, Inc., a 501(c)3 nonprofit organization, the race organizers, organizing authority, race committee, protest committee, host clubs, all corporate sponsors, host locations, yacht clubs, marinas, yachting centers or any other officials of the event for any personal injury (including death) or property damage suffered by myself as a result of my participation in this event and do hereby release and discharge the aforementioned therefrom.								
I acknowledge that participation in the sport of yachting or in the event involves substantial risk of personal injury or even death and the hereby assume the risk of any such injury that may occur while practicing for, traveling to and from or participating in the event.								
I have taken all necessary steps to ensure that I am adequately prepared for all possible contingencies, including appropriate safety equipment as may be required by law or that a prudent seaman would consider advisable.								
This release is executed in accordance with and shall be governed by the general laws of Florida.								
I HAVE CAREFULLY READ THIS WAIVER AND RELEASE OF LIABILITY AND FULLY UNDERSTAND ITS CONTENTS.								
Signature of applicant:		Date:						

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ADDITIONAL CREW INFORMATION CONTINUED								
Name	City	State	Country	Email	DOB	Passport Number & Expiration Date		