

RIPPLE OPTI RACING CLINIC

Official Resume

Submit your resume so that it is received by July 15, 2010

Skipper's Name: _____ **US SAILING/CYA Membership:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Day Phone: _____ **Evening Phone:** _____

E-mail: _____ **Birth Date:** _____

Member of Club: _____

Please list your top four sailing accomplishments in the last 2 years, including name of event, where you participated, position on boat and finish position and number of boats in the race/regatta/fleet

1. _____

2. _____

3. _____

4. _____

Disclaimer: All those taking part in the event do so at their own risk. The Organizing Authority, its associates and appointees accept no responsibility for any loss, damage, injury or inconvenience incurred, however caused.

I agree to be bound by the Racing Rules of Sailing, Notice of Race and Conditions and all other Rules that govern this event.

Skippers Signature: _____ **Date:** _____

Parent/Guardian: _____ **Date:** _____

Return this form by July 15, 2010 to:

**RIPPLE Opti Clinic
Registrations**

e-mail: jan@ussailing.net

Phone: 360.754.6506

Fees: \$325.00

P. O. Box 523

Olympia, WA 98507

T-Shirt Size:

Small

Medium

Large

X-Large