



# The Disabled Sailor's Benefit Regatta

## Saturday, August 20, 2011



**SPONSORED BY: WOMEN'S OCEAN RACING SAILING ASSOCIATION**

### Saturday, August 20, 2011 @ Aventura Sailing Association

24707 Dana Drive, Dana Point, CA 92629 • Directions and parking lot code to be included with Sailing Instructions • Skipper/Crew Meeting at 0930 Hrs at Aventura Sailing Association • Docktail Party and Trophy Presentation at 1600 Hrs.

### Race Information

One (1) Random Leg Race outside Dana Point Harbor • First signal at 1155 Hrs • **Notice Of Race, Sailing Instructions, and Course Chart** will be posted on the WORSAs Web site [www.worsa.org](http://www.worsa.org) by July 15, 2011, and available at Skipper's Meeting • Race is Open to all women and men • It is not necessary to be a member of a SCYA Club to participate.

### Entry Information

**Entry Fee is \$40.00.** Please make checks payable to **WORSAs**. Mail entries to: WORSAs, P.O. Box 2403, Newport Beach, CA 92663. Late entries will be accepted at Skipper's Meeting.

### For Information Contact

Monique Vigeant: [monique\\_vigeant@msn.com](mailto:monique_vigeant@msn.com)

All entry proceeds to be donated to **Challenged America**, as a directed donation to be used for necessary upgrades to sailing vessels in order to accommodate the disabled sailor. Entry fees may be tax deductible.

WORSAs DISABLED SAILOR'S BENEFIT REGATTA ENTRY FORM • FEE: \$40	WORSAs REGATTA ENTRY AGREEMENT
Skipper _____	<p>In consideration of your acceptance of my entry, I hereby agree as follows: (1) I hereby indemnify WORSAs, all host yacht clubs, their officers, directors, agents and committee persons, and to pay my proportional share of all damages sustained by other persons or yachts caused by negligence of myself or my crew. (2) I hereby release WORSAs and all host clubs, their officers, directors agents and committee persons from any and all liability for injury or damage sustained by myself, or my crew, or my yacht arising out of their conduct of the race or any use of Club facilities, to the extent that such release does not discharge my insurance carrier under the provisions of the insurance policies covering my yacht. (3) I assume any risk of injury arising out of my participation in the race, failure or breakage of my yacht or any of my equipment, or weather conditions, and certify that I and all my crew members are able to swim. (4) I agree with WORSAs and all other contestants to comply with all rules and sailing instructions governing the race. (5) Co-skippers of yachts entered in this race agree to be equally responsible for the conditions of the entry agreement. <b>I have a working knowledge of the Racing Rules.</b></p>
Address _____	
City, State, Zip _____	
Tel (H) (W) _____	
Email _____	
Yacht Name _____ Sail # _____	
Type _____ Length _____	
PHRF random leg Rating _____	
CLASS: PHRF Spin _____ PHRF Non-spin _____ Cruising _____	
<input type="checkbox"/> <b>Yes!</b> I would be willing to have a disabled sailor as a guest on my boat.	
<b>Signed:</b> _____	<b>Date</b> _____