



# 2010 LEUKEMIA CUP REGISTRATION

**Memorial Day Weekend: May 28 – May 30, 2010**

Please complete the form **in its entirety** and mail it along with your payment to the address below.

Please make all checks payable to **The Leukemia & Lymphoma Society**.

**Must register on or before May 1, 2010 for your boat name to appear on t-shirt apparel.**

## Skipper Registration *(please print)*

First Name	Middle Initial	Last Name
Address		
City	State	Zip Code
Daytime Phone (      )	Email Address (required for receipt of personal webpage)	
Yacht Club Affiliation (required)	Spinnaker <input type="checkbox"/>	Non-Spinnaker <input type="checkbox"/>
Class/Manufacturer	Boat Type	# of Crew
Sail Number	Boat Name	Current PHRF Rating

## REGATTA SAILING REGISTRATION

**Check one:**     Racing     Not Racing     Cruising Long Distance Event (1 Day)

\$50 For Cabins     \$40 For Dinghies/Multi Hulls (circle one)     \$10 For Laser, Sunfish (circle one)

**FOR SKIPPERS, CREW & OTHER PARTICIPANTS** (Please indicate how many of each)

#\_\_\_\_ \$7 Saturday Lunch     #\_\_\_\_ \$15 Saturday Night Dinner     #\_\_\_\_ \$7 Sunday Lunch

**Check Enclosed for:** \$\_\_\_\_\_     I'd like to pay by credit card. AMEX / MC / VISA / DISC (circle one)

**Card #** \_\_\_\_\_ **Exp. Date** \_\_\_\_\_

**Sig. Code** \_\_\_\_\_ (last 3-digits in signature area on reverse side of card)    **Charge Amount \$** \_\_\_\_\_

**Signature** \_\_\_\_\_

I agree to abide by the Racing Rules of Sailing (US) and sailing instructions originated by the host club and/or other rules that govern this event. In consideration of being permitted to enter this event, being knowledgeable of the risks of competitive sailing and knowing that it is my sole responsibility to decide whether to start or continue any race, I voluntarily assume the risk of participation in this event and release the host club, Carlyle Sailing Association, and the people conducting the event, The Leukemia & Lymphoma Society, from all liability in connections with any injury or damage that may occur.

Signature of Participant \_\_\_\_\_

Date \_\_\_\_\_

**MAIL TO:**

**The Leukemia & Lymphoma Society/Regatta**

77 West Port Plaza, Ste.101 • St. Louis, MO 63146

**Questions?** Contact: Cheryl Reale or Vikki Rowe email: [cheryl.reale@lls.org](mailto:cheryl.reale@lls.org) or [vikki.rowe@lls.org](mailto:vikki.rowe@lls.org)  
314/878-0780 or 800/264-2873 or FAX: 314/878-4050