

Form 2

Sylvan Lake Sailing Club
PHRF Boat Registry

Owners name: _____ Date: _____

Manufacturer: _____

Type: _____

Length: _____ Ft/M

Boat Name: _____

Sail Number: _____

Type of Motor: _____ HP: _____

Keel Type- Fin . Wing . Shoal: . Swing . Retractable. Other _____

Spinnaker: Yes: . No: .

*Year of newest sail: _____

*Bottom Paint: Type _____ Year Applied: _____

Please list any alterations or modifications to your boat that might affect its rating from that of a standard boat.

*Skippers Experience: .0 - 25 Races, . 25 - 50 Races, . More than 50 races

*Crew #1Experience: .0 - 25 Races, . 25 - 50 Races, . More than 50 races

*Crew #2Experience: .0 - 25 Races, . 25 - 50 Races, . More than 50 races

*Crew #3Experience: .0 - 25 Races, . 25 - 50 Races, . More than 50 races

List all crew names & address's here. (If already a member, name only.)

Name #1 _____

Postal Address _____ City _____ P.C. _____

Home Phone: _____

Bus Phone: _____

Cell Phone: _____ **Email** _____

Name #2 _____

Postal Address _____ City _____ P.C. _____

Home Phone: _____

Bus Phone: _____

Cell Phone: _____ **Email** _____

Name #3 _____

Postal Address _____ City _____ P.C. _____

Home Phone: _____

Bus Phone: _____

Cell Phone: _____ **Email** _____