

YEAR (Cressy, Mallory, Baker) Trophy Entry Form

This form must be received by **DATE**. Please return to:
NAME, ADDRESS, FAX

1. School Data:

School's Name: _____

Address: _____

Town/City: _____ State: _____ Zip Code: _____

ISSA District: _____

2. Projected Team Roster

Nine max, including alternates. Roster may be changed at registration.
Please fill out one copy of the waiver below for each competitor.

Name:	Graduation Year:	Name:	Graduation Year:
1. _____	_____	6. _____	_____
2. _____	_____	7. _____	_____
3. _____	_____	8. _____	_____
4. _____	_____	9. _____	_____
5. _____	_____		

3. Contact/ Chaperon/ Coach Information:

Team Contact (Traveling with team), Coach (If you will have one with you):

Cell Phone: (____) _____ E-Mail: _____

4. Food:

Meal packages for sailors, per the NOR, are included with the entry fee. I would like to purchase ____ additional meal packages @ \$XX.00 per package. Check is enclosed with entry.

5. Entry fee and Damage deposit:

Entry fee (\$**XXX**) and damage deposit (\$**XXX**), as prescribed in the Notice of Race are enclosed.
(Make both checks payable to: **NAME**.)