

EBYRA Wednesday Night Race Series

----- May 16th to September 12th, 2007 -----

Hosted by:

City Island Yacht Club, Harlem Yacht Club, Morris Yacht & Beach Club, Stuyvesant Yacht Club
and the
Eastchester Bay Yacht Racing Association

- *For All PHRF Spinnaker and Non-Spinnaker boats*
- *Use of government buoys and EBYRA marks*
- *Races to be held in Eastchester Bay near City Island*
- *17-Race Series With Throwouts*
- *Certified P.R.O. on the Race Committee Boat*
- *New Cruising Class Division*

For More Information:

Edd Schillay
EBYRA Commodore
914-332-4700 (work)
914-774-9767 (cell)

Entry Fee	\$200
After May 9th	\$225

Send Entry Form, Fee and
Valid PHRF Certificate to:
EBYRA
P.O. Box 126
City Island, NY 10464

274

NOTICE OF RACE, NEWS & ONLINE ENTRY
WWW.EBYRA.COM



WednesdayNights2007

Entry Form for PHRF-Class Yachts



FOR RACE COMMITTEE USE ONLY

D _____

R _____

NS _____

\$ _____

SAIL NO.*	YACHT NAME	TYPE OR CLASS	LOA	YEAR
OWNER		ADDRESS		DAY PHONE
CITY	STATE	ZIP CODE	EVE PHONE	
SKIPPER (IF OTHER THAN OWNER)		CLUB AFFILIATION	E-MAIL ADDRESS	

Has this yacht previously registered for EBYRA regattas? Yes No

PHRF Rating assigned by YRALIS _____ (Please attach copy of 2007 certificate)

Circle One: SPINNAKER NON-SPINNAKER CRUISING CLASS

A yacht without a valid 2007 PHRF rating (last year's is not valid) may apply for one to the race committee for \$10.00

* EBYRA may assign sail numbers to boats to avoid conflicts with boats formerly and currently registered.

Please Read and Sign

In consideration of this entry acceptance, I hereby agree that the safety of my yacht and her crew, and the decision to race or not to continue the race, is my responsibility and not that of any person sponsoring or undertaking such race or activity. I agree to be bound by the Racing Rules of Sailing and by all other rules that govern this event. I will inform my insurance underwriter of this waiver and inform all crew members of any yacht which I sail in any such race or activity of their responsibilities for safety.

Signature: _____ Date: _____

Mail To:
EBYRA, P.O. Box 126, City Island, NY 10464

Entry Fee: \$200.00
After 5/10: \$225.00
PHRF Cert. +\$10.00

TOTAL: _____

Make Checks Payable to "EBYRA"