

LEUKEMIA CUP REGATTA

MAY 27-29, 2005

CARLYLE SAILING ASSOCIATION

REGISTRATION FORM

	By 5/23/05	After 5/23/05	
Cabins	\$50	\$55	\$ _____
One-Design Dinghies/multi-hulls	\$40	\$45	\$ _____
Jr.s, Single-Handed	\$20	\$25	\$ _____
Saturday Lunch: # _____	@ \$7.00 each	=	\$ _____
Sunday Lunch: # _____	@ \$7.00 each	=	\$ _____
Saturday Dinner: # _____	@ \$15.00 each	=	\$ _____
T-Shirt (S) (M) (L) (XL) (XXL add \$2)	@ \$10.00 each	=	\$ _____
Long T (S) (M) (L) (XL) (XXL add \$2)	@ \$15.00 each	=	\$ _____

TOTAL _____ \$ _____

Name: _____

Address: _____ City: _____ Zip: _____

Phone #: _____ E-mail: _____

Boat type: (circle 1) One-Design Multi-hull Cabin _____

PHRF Rating: _____ Class: _____ Sail # (all boats) _____

MAKE CHECKS OUT TO: LEUKEMIA CUP REGATTA
MAIL CHECK/FORM TO: ALLISON STARLING
 THE LEUKEMIA SOCIETY
 77 WEST PORT PLAZA, STE. 101
 ST. LOUIS, MO 63146

I'd like to pay my entry fee by credit card. MC/Visa (circle one)

Card # _____ Exp: _____

Signature: _____ Date: _____