



Thistle Central Atlantic District Championship
The New Castle Sailing Club
Home of TCA Fleet 184
June 24-26, 2011

REGISTRATION FORM

Skipper's Name: _____

Skipper's Address: _____

City _____ State: _____ Zip: _____

Telephone: _____

E-mail: _____

Boat No.: _____ Hull Color _____

Fleet: _____

Open: _____ (not a member of the Central Atlantic District.)

Crew #1: _____ Crew #2: _____

Entry Fees:

\$30 per Boat/Skipper (\$40 if payment received after June 17) \$ _____

\$22 dinner (\$25 if payment received after June 17) per person X ____ = \$ _____

(includes wine, beer, and soda)

TOTAL \$ _____

- I am interested in housing
- I am planning to attend the racing clinic presented by Allan Terhune of North Sails
Friday, June 24 – 1300 Arrival and boat setup, 1600 Clinic; pizza, beer, and soda following the clinic

Mail Completed Form and Check To:
Kathy Leef, 106 West Shetland Court, Newark, DE 19711, 302-368-3138

Checks Payable To: Thistle Fleet 184

Additional Information:
Scott Buehler, CA District Chairperson – sgbuehler@comcast.net, 302-420-8945