

# Lake Sunapee Cruising Fleet

## 2022 Fleet Registration – Owner/Skipper Form

Owner \_\_\_ Skipper \_\_\_ (check one)

Owner's Name \_\_\_\_\_ Skipper's Name (if not owner) \_\_\_\_\_

Owner's Mailing Address \_\_\_\_\_

Evening Phone \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email address \_\_\_\_\_

Boat Make/ Model \_\_\_\_\_ Length \_\_\_\_\_ Boat Name \_\_\_\_\_

PHRF Rating: Cruising \_\_\_\_\_ Racing \_\_\_\_\_

Sail Inventory (check or fill in) Main \_\_\_\_\_ Jib(s) \_\_\_\_\_ Genoa \_\_\_\_\_ % \_\_\_\_\_

Spinnaker \_\_\_\_\_ Other \_\_\_\_\_ Sail Number \_\_\_\_\_

Crew Name(s) if known \_\_\_\_\_

Please have all crew members fill out an associate membership form for our records.

Do you know of any persons who wish to crew? Name \_\_\_\_\_ Phone Numbers \_\_\_\_\_

Fleet Member Registration \$xxx (\$xxx if paid after June 15, 2022) includes boat, skipper & spouse or 1st Mate (Includes Committee Boat meals reimbursement, storage fees \$xxx) (**May participate in all races, activities and social events**).

Crew Members \$xx.xx each (max payable crew = 2) x \_\_\_\_\_ (\$xx.xx/crew if paid after June 15, 2022).

**SUNDAY ONLY MEMBERSHIP OPTION** - Fleet Member Registration (Sunday only) \$xxx (\$xxx if paid after June 15, 2022) includes boat, skipper & spouse or 1st Mate and **unlimited crew**. (Includes Committee Boat meals reimbursement, storage fees \$xx) (**May participate in all Sunday races, activities and social events**).  
**Any person that crews should fill out an associate-crew membership form.**

Please make checks payable to Lake Sunapee Cruising Fleet and send with this completed form and proof of insurance to: Bill Ames, 31 Bay Point Rd, Newbury, NH 03255 (Tel. 603-494-1935)

**NOTE: No boats will be scored (DNC) until dues and proof of insurance are received. First Race is June 1, 2022.**

I hereby certify that I have read, understand and will comply with the [Lake Sunapee Cruising Fleet By-Laws](#) and [the Lake Sunapee Cruising Fleet General Guidelines and Sailing Instructions](#).

I certify that the sailboat I am operating meets the marine safety standards and requirements of the State of New Hampshire and the [ISAF](#).

I understand all boats will be required to carry an insurance policy covering the boat with \$300,000 minimum liability coverage to be eligible to participate in LSCF races in 2022. Insurance can be either homeowners' policy or specific boat insurance. Proof of insurance on the boat in the form of a copy of the Declarations page from the policy or an official statement form/letter from the insurance company indicating coverage of \$300,000 minimum liability and the dates covered must be submitted with this registration form.

I certify that as skipper I shall be responsible to assure that Covid-19 safety measures are followed in accordance with the latest CDC guidelines as adopted by the State of New Hampshire.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
(Date)