

Name(s):	Age(s):
Address:	
	State /Province:
Country:	Postal Code / Zip:
Email Address:	Phone:
Boat Type:	Length:
Model:	Year:
Type of Power:	Engine / HP:
Boat Name:	
	Please list additional boats on reverse side.
Please choose a men	nbership type:
	Single Person - \$40 per year (participant or donor)
	Family Membership (2 persons) - \$40 per year (1 participant, 1 donor)
	In addition to the membership, help fund our regattas - \$100 Other
	Donation Amount-
participate in any acti person, boat or equip sponsors of the event family, or any invited resulted directly or in sponsors, employees, Raceboat Club. I und be adequately inspect boat either as a driver	ember of my family, including all minors who accompany me or should otherwise vity by the Florida Vintage Raceboat Club, I do hereby waive any claim for injury to my ment. I agree to hold the Florida Vintage Raceboat Club harmless and any and all other their employees, agents, volunteers, and assistants, for any injury or loss suffered by me, my during or in connection with the current membership year, whether such injury or loss directly from the negligent acts or omissions of the Florida Vintage Raceboat Club, volunteers, assistants, or others connected with the events hosted by the Florida Vintage extand that in order to participate in any Florida Vintage Raceboat Club event, my boat must ed and operated in a safe manner. I agree to take full responsibility for myself while in the or rider. I will hold the Florida Vintage Raceboat Club blameless for any accident, in jury or du to my participation in any event and free from all liability for accidents, injuries or losses.
Printed Name	Date
Signature of Particip	ant
Print and snail mail v	vith a check to:

Florida Vintage Raceboat Club LLC PO Box 60458 Palm Bay, FL. 32906-0458

Questions? Contact us at: https://fvrc.club/contact-us/