

Name(s):	Age(s):
Address:	
City:	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 memb	ership type:
	Single Person - \$40 per year
	Family Membership (2 persons) - \$40 per year
	In addition to the membership, help fund our regattas - \$100 Other
	Donation Amount-
participate in any activi person, boat or equipme sponsors of the event, the family, or any invitee of resulted directly or indi- sponsors, employees, ver Raceboat Club. I under be adequately inspected boat either as a driver of	mber of my family, including all minors who accompany me or should otherwise ty by the Florida Vintage Raceboat Club, I do hereby waive any claim for injury to my ent. I agree to hold the Florida Vintage Raceboat Club harmless and any and all other heir employees, agents, volunteers, and assistants, for any injury or loss suffered by me, my huring or in connection with the current membership year, whether such injury or loss rectly from the negligent acts or omissions of t he Florida Vintage Raceboat Club, olunteers, assistants, or others connected with the events hosted by the Florida Vintage stand that in order to participate in any Florida Vintage Raceboat Club event, my boat must I and operated in a safe manner. I agree to take full responsibility for myself while in the r rider. I will hold the Florida Vintage Raceboat Club blameless for any accident, in jury or it to my participation in any event and free from all liability for accidents, injuries or losses.
Printed Name	Date
Signature of Participar	t
Submit application On	line at [https://fvrc.club/register/single-person] or print and snail mail with 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/