REGATTA REGISTRATION FORM

Lake Norman Open

TEAM INFORMATION

School:				
City:			State:	NC
		Name	E-mail	Cell
Coach:				
Team Rep:				
		TEAM M	IEMBERS	
Name		Graduation Year	Name	Graduation Year
ach Com _l	We agree	ust file a waiver at Cle to be bound by the currencental Rules and the "rules"	t ISSA Procedural Rules, as defined in the Racing I	
	Coach o	Sailin r Team Rep	ng.	Date

Email Address

Cell Phone Number