



Midwest Collegiate Sailing Association Match Race Championship Registration Form

Team Name _____

Coach Name _____

Coach Phone: () - Coach Email _____

School Name _____

Skipper Name _____

Skipper Phone: () - Skipper Email _____

Credit Card for Entry Fee and Damage Deposit:

Card Type _____ CC# _____

Exp. Date _____ Security Code _____

School Authorized Signature _____

Printed Authorized Name _____

Date _____