

Nawiliwili Yacht Club

2010 Kauai Channel Race

Crew and Boat Information

Yacht Name _____ Call Sign _____

E.P.I.R.B. Expiration date _____ E.P.I.R.B. Serial # _____

To register your E.P.I.R.B. call 1-800-212-SAVE (toll free)

Yacht Description: _____

_____ BEAM: _____ DRAFT: _____

Owner's Name: _____ Phone # _____

Skipper's Name: _____ Phone # _____

Emergency contact **NOT** racing aboard: Name _____

Contact #s: Home _____ Cell _____ Other _____

Expected Pre-Race Arrival at Ko Olina: Date _____ Time _____

Total number of crew expected to attend Ko Olina pupu party: _____

Do you intend to stay beyond the 2 days paid for by NYC at Nawiliwili? NO__ YES__ # of extra days _____

List all crewmembers and their contact numbers (please include skipper)	
NAME	PHONE #
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	

If more space is needed please add a page.

Please note any and all medical conditions for each crewmember. Attach a list of all medications being taken and note any recent surgeries or conditions, i.e., diabetic, asthmatic, etc.