

SAISA SP#5 Entry Form

Saturday, April 12, 2025

Hosted by Sarasota Youth Sailing

This form must be received by **April 11, 2025**. Please return to: sysregattas@gmail.com

1. School Data:

School's Name: _____

Address: _____

Town/City: _____ State: _____ Zip Code: _____

ISSA District: _____

2. Projected Team Roster Nine max, including alternates. Roster may be changed at registration.

Please fill out one copy of the waiver below for each competitor.

Graduation Year: _____	
Name: _____	
1. _____	2. _____
3. _____	4. _____
5. _____	6. _____
7. _____	8. _____

3. Contact/ Chaperone / Coach Information:

Team Contact (Traveling with team), Coach (If you will have one with you):

Cell Phone: (____) _____ E-Mail: _____

Sailor Name: _____ **School Name:** _____