

2010 BYC Cabo Race Information/Contact Form

Vessel name: _____

Skipper/Owner name: _____

Skipper/Owner Address: _____

Street

City/State

Skipper/Owner email address: _____

Skipper/Owner phones:

Home: _____ Work: _____

Cell: _____ Sat: _____

Race crew names:

Skipper

Race crew hotel in Cabo: _____

Hotel room nights: _____

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(Only complete the below if there is any change in crew for the return voyage)

Return crew Skipper (if different from above): _____

Return crew Skipper phones (if different from above):

Cell: _____ Sat: _____

Return crew names (if different from above):

Skipper

Return crew hotel in Cabo: _____

Hotel room nights: _____