

**ATTACHMENT 1 – CREW INFORMATION SHEET**

**THIS FORM AND A PICTURE OF THE BOAT MUST BE SUBMITTED TO THE EYC RACE COMMITTEE NO LATER THAN JUNE 10, 2010 AT 1800 HRS. FAILURE TO SUBMIT THE CREW INFORMATION SHEET ON TIME WILL CAUSE A BOAT TO BE INELIGIBLE TO RACE! FAX TO 510-865-8630, OR EMAIL TO COASTALCUP@ENCINAL.ORG**

BOAT NAME: \_\_\_\_\_ SAIL #: \_\_\_\_\_

DECK COLOR: \_\_\_\_\_ HULL COLOR: \_\_\_\_\_

BOAT TYPE: \_\_\_\_\_ LOA: \_\_\_\_\_ DRAFT: \_\_\_\_\_

MARINA: \_\_\_\_\_ BERTH: \_\_\_\_\_

EPIRB TYPE: \_\_\_\_\_ BEACON ID: \_\_\_\_\_ REGISTERING AUTHORITY: \_\_\_\_\_

# OF VHF RADIOS ON BOARD: \_\_\_\_\_ ON BOARD CELL PHONE # : \_\_\_\_\_

VHF RADIO DIGITAL SELECTIVE CALLING EQUIPPED – YES/NO: \_\_\_\_\_ IF VHF IS DSC EQUIPPED PROVIDE REGISTRATION # : \_\_\_\_\_

SKIPPER'S NAME: \_\_\_\_\_

SKIPPER'S ADDRESS: \_\_\_\_\_ SKIPPER'S CELL #: \_\_\_\_\_

SKIPPER'S EMERGENCY CONTACT: \_\_\_\_\_ CONTACT PHONE: \_\_\_\_\_

CREW # 1: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

CREW # 2: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

CREW # 3: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

CREW # 4: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

CREW # 5 : \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

CREW # 6: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

CREW # 7: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

CREW # 8: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

CREW # 9:

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Emergency Contact

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Contact Phone

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