**2019 Mariner Nationals Entry Form**

Please make checks payable to BBSF and mail entry forms to:

BBSF

P.O. Box 402

Ship Bottom, NJ 08008

Personal Information

First Name\*

Last Name\*

Address\*

City/State/Zip\*

Class Membership ID #\*

Email\*

Parent or Legal Guardian Names (If under 18) and Phone #

Skipper Emergency Phone \*

Birth Date

T shirt Sizes (Skipper and Crew)\*

Crew Information

Crew Class Membership ID #

Home Fleet/Club

Sail Number\*

Any Medical Condition/Information should be provided during check-in (Like)

Special Medications, Allergies, Physician Name, Physician Phone, Blood Type, Medical Insurance Policy

Do you expect to buy a meal ticket for additional guests? If so how many?

Required \*