

CHICAGO YACHTING ASSOCIATION

2nd Annual Chicago Salmon Classic

Registration Form

Captain Name: _____	Phone Number: (____) _____ - _____
Address: _____ _____	E-Mail: _____
Boat Name: _____	Length: _____ Beam: _____ <i>(Minimum 20 Feet)</i>
Number Of Crew Members: _____	Name of Observer: _____
I will need ___ 1 ___ 2 Nights Dockage	I ___ need ___ don't need Shore Power

Entry Fee: _____	\$300
Big Fish: _____	\$ 25
Total: \$ _____	

Make Checks Payable to: **The Chicago Yachting Association**
Mail to: **CYA Salmon Classic**
c/o Randall Schmidt
510 N. Aldine Ave.
Park Ridge, Illinois 60068

ALL ENTRIES DUE BY SEPTEMBER 8, 2008

For additional information contact: Don Koster: koster43@sbcglobal.net, 708-921-1363 or
Randy Schmidt: capt.randy@comcast.net, 312-718-1995