

# 2007 SCYYRA Racing Team Application

Please Complete and return to:

## SCYYRA Racing Team Selection Committee

United States Sailing Center

Attn: Michael Segerblom

5489 East Ocean Blvd.

Long Beach CA 90803-4405

Fax (562) 433-3668

Email: mikesego@ussclb.org

***Application must be postmarked, emailed or faxed by October 15, 2007.***

***No exceptions.***

Name: \_\_\_\_\_ Sailing Org. or Yacht Club: \_\_\_\_\_

Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_

City and Zip: \_\_\_\_\_ Grade in Spring 2007: \_\_\_\_\_

Telephone: \_\_\_\_\_ School: \_\_\_\_\_

Email: \_\_\_\_\_

Applying for position on team as Skipper: \_\_\_\_\_ Crew: \_\_\_\_\_ Both: \_\_\_\_\_

Please list events below participated in from September 1, 2006- August 31, 2007:

---

---

---

---

Please list US Sailing or equivalent (International, National, North American, or Major Regional) regattas attended in 2006/2007:

---

---

---

---

Please list your 5 best sailing performances this past year. For each regatta list the class of boat, title of event, total number of entries, final finishing place, and if you were the skipper or crew. Please do not include US Sabot or Naples Sabot events.

	<u>Boat Class</u>	<u>Title</u>	<u>Entries</u>	<u>Place</u>	<u>Skipper/Crew</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

Note: Attach extra pages if necessary

What type of sailboats do you race on a regular basis?

---

---

---

---

---

---

List the training clinics/programs you have attended this year:

---

---

---

---

---

---

---

---

List all the sailing awards and honors you have received this year:

---

---

---

---

---

---

If applying as a skipper, why should you be selected for the SCYYRA Sailing Team?

---

---

---

If applying as a crew, what have you done to insure the success of your sailing team(s)?

---

---

---