



2010 USRowing Registered Regatta Application  
Register Your Regatta Online at [www.usrowing.org](http://www.usrowing.org)

Name of Regatta: \_\_\_\_\_

Dates: \_\_\_\_\_ Member Organization (Host): \_\_\_\_\_

Regatta Director: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Web Site: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Body of Water (Site): \_\_\_\_\_ Entry Deadline: \_\_\_\_\_

Number of Competitors: \_\_\_\_\_ Race Distance: \_\_\_\_\_ Registration Fee: \_\_\_\_\_

Type of Race (Please Circle):    Sprint            Head            Open Water            Other: \_\_\_\_\_

Competitor Categories (Please Circle): College    Junior            Masters    Adaptive    Other: \_\_\_\_\_

In addition to USRowing's Insurance Coverage, will you have any other insurance in force for this event?  
Yes (*Please provide a certificate of insurance naming USRowing as an Additional Insured*)    No

Chief Referee: \_\_\_\_\_ Has the Chief Referee been officially notified?    Yes    No

Number of Launches: Referee \_\_\_\_\_ Reserve \_\_\_\_\_ Safety/Rescue \_\_\_\_\_ Course Patrol \_\_\_\_\_

Will the body of water be closed to other boat traffic during competition?    Yes    No

If not, how will traffic be controlled? \_\_\_\_\_

Method for obtaining weather updates? \_\_\_\_\_

Are any rule exceptions or amendments being requested for this event? Yes    No

If "Yes," please list exceptions: \_\_\_\_\_

Do you have a Hold Harmless or Indemnification Contract with an individual or entity for this event?  
Yes    (*If so, please attach a copy of the contract(s)*)    No

**Please request Additional Insureds online at [www.roehrs-usrowing.com](http://www.roehrs-usrowing.com) by clicking "Request a Certificate."**

***On behalf of the organizing committee, I have read and understand all the conditions and requirements for hosting a registered regatta. These requirements will be met.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Method of Payment: Check (*If paying by check, please make **check payable to USRowing***)

Visa                       Mastercard

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please e-mail the application to [members@usrowing.org](mailto:members@usrowing.org) or fax to 609-924-1578**

**Our mailing address is:**

USRowing  
2 Wall Street  
Princeton, NJ 08540

If you have questions, please contact USRowing at 1-800-314-4769

Are you using REGATTA CENTRAL?                      Yes    No

If "No," please provide a tentative list of competing organizations along with this application.