

REHOBOTH BAY SAILING ASSOCIATION REGATTA FORM

Must be received for approval by the Board of Trustees by this date _____

Fleet Name _____ Regatta Date(s) _____

Estimate # of Boats _____ # of Trailers _____ # of Sailors _____

Name/Address/Phone/
e-mail of Fleet Chair _____

Name/Address/Phone/e-mail
of RBSA Chair/Sponsor _____

Race Committee Needed? Yes [] No [] Number of RBSA power boats needed? _____

Will other power boats be brought on-site? Yes [] No [] If yes, how many will require a slip? _____

Regatta Insurance is required. Name of Insurance Co. _____

As a courtesy the Coast Guard should be notified at least 30 days in advance of the regatta by calling their Indian River Station at (302) 227-2439 or 2440 (Chief Ben Huber) Check here if done []

FACILITIES USE PROCEDURES: FOLLOWING THE EVENT THE FLEET IS RESPONSIBLE FOR LEAVING THE FACILITIES IN A CLEAN, SECURE CONDITION AS SPELLED OUT IN THE RBSA CHECKLIST OF RESPONSIBILITIES.

RBSA does not provide plastic/paper plates, cups, utensils, etc.

Check one: Will the cleaning/trash removal be done by the Fleet? [] or by an outside cleaning service? []

Cleaning Service Name/Phone _____
Wisk Broom Cleaning Service does a good job for about \$80 (302) 226-8269.

Is the after hours code needed for clubhouse door locks? Yes [] No [] For the Front Gate? Yes [] No []

DO YOU UNDERSTAND AND ACCEPT THE FACILITIES USE PROCEDURES? Yes [] No []

Estimate # of meals being served per day _____ Est. # of ice bags needed _____

Will Alcohol be Served? Yes [] No [] If yes, a State Permit is Required. Please provide a copy of the permit with this form, or at least one week prior to the event. Alcoholic Beverage Commissioner (302)577-5ABC.

FEES: A Security Deposit of \$500.00 is required to cover any damage to the facility or any cleaning not done as required by the agreement - see **RBSA CHECKLIST OF RESPONSIBILITIES.**

The per-registered boat daily fees are: RBSA Fleet - none. Outside Fleet - \$10.00 per day.

List any other fees attendees will be charged during the event: _____

Additional comments: _____

Print the name of the person submitting this form _____
By signing this form you are accepting responsibility for this event.

Date: _____ Phone # _____ :Signature _____