

**ATTACHMENT 1 – CREW/BOAT INFORMATION & STATEMENT OF COMPLIANCE**

**SHEET(CBISOC) rev 4/18/12**

**THIS FORM MUST BE FAXED OR EMAILED TO THE YRA OFFICE NO LATER THAN 1700 hrs THE THURSDAY BEFORE THE START. FAILURE TO SUBMIT THE CBISOC SHEET ON TIME WILL CAUSE A BOAT TO BE INELIGIBLE TO RACE. FAX TO 415-276-2378, OR EMAIL TO [INFO@YRA.ORG](mailto:INFO@YRA.ORG)**

BOAT NAME: \_\_\_\_\_ SAIL #: \_\_\_\_\_

DECK COLOR: \_\_\_\_\_ HULL COLOR: \_\_\_\_\_

BOAT TYPE: \_\_\_\_\_ LOA: \_\_\_\_\_ DRAFT: \_\_\_\_\_

MARINA: \_\_\_\_\_ BERTH: \_\_\_\_\_

EPIRB TYPE: \_\_\_\_\_ BEACON ID: \_\_\_\_\_ REGISTERING AUTHORITY: \_\_\_\_\_

# OF VHF RADIOS ON BOARD: \_\_\_\_\_ ON BOARD CELL PHONE #: \_\_\_\_\_

**SKIPPER'S NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

SKIPPER'S ADDRESS: \_\_\_\_\_ SKIPPER'S CELL #: \_\_\_\_\_

SKIPPER'S EMERGENCY CONTACT: \_\_\_\_\_ CONTACT PHONE: \_\_\_\_\_

**OYRA MINIMUM EQUIPMENT STATEMENT OF COMPLIANCE**

Each boat entered in a YRA offshore race must meet the OYRA Minimum Equipment Requirements (Found online at [www.yra.org/OYRA/ocean\\_safety.html](http://www.yra.org/OYRA/ocean_safety.html)). By signing below I do hereby certify that I have read, am thoroughly familiar with, and agree to fully comply with the OYRA Minimum Equipment Requirements.

SKIPPER'S SIGNATURE: \_\_\_\_\_

**CREW INFORMATION**

Below please list the names of your crew for the race, along with their date of birth and emergency contact information.  
PLEASE NOTE: The emergency contact person listed may not be another competitor in the race!

**CREW # 1:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ **Contact Phone:** \_\_\_\_\_

**CREW # 2:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

Emergency Contact \_\_\_\_\_ **Contact Phone:** \_\_\_\_\_

**CREW # 3** \_\_\_\_\_ **DOB:** \_\_\_\_\_

Emergency Contact \_\_\_\_\_ **Contact Phone:** \_\_\_\_\_

**CREW # 4:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

Emergency Contact \_\_\_\_\_ **Contact Phone:** \_\_\_\_\_

**CREW #5 :** \_\_\_\_\_ **DOB:** \_\_\_\_\_

Emergency Contact \_\_\_\_\_ **Contact Phone:** \_\_\_\_\_

**CREW # 6:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

Emergency Contact \_\_\_\_\_ **Contact Phone:** \_\_\_\_\_

\_\_\_\_\_  
**CREW # 7:** \_\_\_\_\_ DOB: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Contact Phone: \_\_\_\_\_

\_\_\_\_\_  
**CREW # 8:** \_\_\_\_\_ DOB: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Contact Phone: \_\_\_\_\_

\_\_\_\_\_  
**CREW # 9:** \_\_\_\_\_ DOB: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Contact Phone: \_\_\_\_\_

\_\_\_\_\_  
**CREW # 10:** \_\_\_\_\_ DOB: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Contact Phone: \_\_\_\_\_

\_\_\_\_\_  
**CREW # 11:** \_\_\_\_\_ DOB: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Contact Phone: \_\_\_\_\_

\_\_\_\_\_  
**CREW # 12:** \_\_\_\_\_ DOB: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Contact Phone: \_\_\_\_\_

\_\_\_\_\_  
**CREW # 13:** \_\_\_\_\_ DOB: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Contact Phone: \_\_\_\_\_

\_\_\_\_\_  
**CREW # 14:** \_\_\_\_\_ DOB: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Contact Phone: \_\_\_\_\_

\_\_\_\_\_  
**CREW # 15:** \_\_\_\_\_ DOB: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Contact Phone: \_\_\_\_\_

\_\_\_\_\_  
**CREW # 16:** \_\_\_\_\_ DOB: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Contact Phone: \_\_\_\_\_