



## Registration

Racing Fleet:

Silver

Gold

### Contact information

Name	
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#### Address

Street		Apt. No.	
City			
Province/state			
Post code/ZIP			
Country			

Home phone	
Cell phone	
Email	

Previous Mobility Cup experience – indicate years you participated, if applicable

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### Health information

Date of birth	
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Nature of disability

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First aid or personal care instructions

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Mobility devices used

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Medications and allergy information

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Health plan no.	
Doctor's name	
Doctor's phone	

Emergency contact

Name	
Home phone	
Cell phone	
Relationship	

**Personal assistant  
(If applicable)**

Name	
Home phone	
Cell phone	

**Sailing companion  
(If applicable. Silver fleet only – must be willing to be rotated to assist other sailors.)**

Name	
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Address

Street		Apt. No.	
City			
Province/state			
Post code/ZIP			
Country			

Phone	
Email	

## Boat information

I will be sailing

Own boat

Sailing association's  
boat

Charter boat

If you are bringing your own boat

Sail number	
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If you will be using your sailing association's boat, please provide a contact person

Name	
Phone	
Cell phone	
Email	
Boat sail no.	
Sailing association	

List equipment you will bring with your/sailing association boat (if applicable)

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Boat transfer requirements:

Transfer  
independently

Require  
mechanical lift

Please indicate if you can bring additional equipment:

Windlass

Autohelm

Sip 'n' puff

Describe any other needs

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Add any additional information (eg, dietary requirements)

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Email completed form to [fsheffdeen@disabilityfoundation.org](mailto:fsheffdeen@disabilityfoundation.org)

Alternately, it can be printed and filled by hand. (Fax it to **604-688-6463** or mail it to:  
**Mobility Cup 2010, 207 – 3077 Granville St., Vancouver, BC V6H 3J9, CANADA.**)

You will also be required to mail an entry fee of CDN \$195 (cheque payable to Disabled Sailing Association of BC) to the above address, and provide a returnable \$200 damage deposit during registration in Vancouver.