

# CHICAGO YACHTING ASSOCIATION

## 2<sup>nd</sup> Annual Chicago Salmon Classic

### Registration Form

Captain Name: _____	Phone Number: (____) _____ - _____
Address: _____ _____	E-Mail: _____
Boat Name: _____	Length: _____ Beam: _____ <i>(Minimum 20 Feet)</i>
Number Of Crew Members: _____	Name of Observer: _____
I will need ___ 1 ___ 2 Nights Dockage	I ___ need ___ don't need Shore Power

Entry Fee: _____	\$300
Big Fish: _____	\$ 25
Total: \$ _____	

*Make Checks Payable to:* **The Chicago Yachting Association**  
*Mail to:* **CYA Salmon Classic**  
**c/o Randall Schmidt**  
**510 N. Aldine Ave.**  
**Park Ridge, Illinois 60068**

**ALL ENTRIES DUE BY SEPTEMBER 8, 2008**

For additional information contact: Don Koster: [koster43@sbcglobal.net](mailto:koster43@sbcglobal.net), 708-921-1363 or  
Randy Schmidt: [capt.randy@comcast.net](mailto:capt.randy@comcast.net), 312-718-1995