



**53rd Annual
Stephen C. Smith Memorial Regatta
April 24 - 26, 2026
GUEST PACKAGE**



(One entry form per person)

Name: _____

Address: _____ City: _____ St.: _____ Zip: _____

Tel. # (____) ____ - _____ E-mail: _____ (Please print legibly)

Club Affiliation: _____

Regatta Shirt Sizes Request: (# of each size) XXXL ____ XXL ____ XL ____ L ____ M ____ S ____ YL ____ YM ____

Women's V-neck Shirt Sizes: (# of each size) XXL ____ XL ____ L ____ M ____ S ____ YL ____ YM ____

YL-Youth Large / YM-Youth Medium

A full guest registration includes one regatta t-shirt, one beverage bracelet**, one dinner and entertainment. You may purchase a partial registration which includes one regatta t-shirt, one beverage bracelet** and entertainment (no dinner) - see price below. Additional t-shirts may be ordered now for \$20. Extra dinner tickets may be purchased now or until noon Saturday for \$20 each.

Saturday Night Dinner Choice: (enter number) Chicken _____ Shrimp _____ No Substitutions Please!

Entry Fee:

Later Registration Fee \$75* w/dinner or \$65 without dinner \$ _____

Total Extra Shirts (entry fee includes 1 shirt) _____ at \$20 ea \$ _____

Total Extra Saturday Night Dinners (*entry fee includes 1 dinner) _____ at \$20 ea \$ _____

Donation to ACS in honor or memory of _____ \$ _____

Luminary Bag _____ at \$ 5 ea \$ _____

TOTAL ENCLOSED \$ _____

Make checks payable to: *Stephen C. Smith Memorial Regatta Foundation (SCSMR is OK too)*, or use your credit card:

Circle one: Visa / Discover / Mastercard / AmEx

In consideration of you accepting my entry I hereby agree to all the Conditions of this event which I have read and understood. In consideration of being permitted to participate in the Stephen C. Smith Memorial Regatta and fully knowledgeable of the risks of sailing, racing, motor boating and all event activities, I agree to hold harmless the organizers of the Stephen C. Smith Memorial Regatta, the Stephen C. Smith Memorial Regatta Foundation, Inc., the Apalachee Bay Yacht Club, the Shell Point Sailboard Club, the American Cancer Society, the Wakulla County Board of Commissioners, and their officers, members, directors, employees and agents from any and all damages, losses, claim suits, actions, expenses, or liabilities which may arise from my participation in this event.

**** I hereby agree to pick up my beverage bracelet in person.
(Your beverage bracelet will not be given to someone else to deliver to you.)**

Signed: _____ Date: _____