



Model Boat Club IMPBA District 12

219 CHERRY LANE, QUEENSTOWN, MD 21658

JUNE 5 - 7, 2009

OPEN WATER: Friday 10:30 AM to 5 PM **AWARDS:** Trophies for 1st, 2nd & 3rd place overall, Scale Concours

CHECK IN: Friday Noon & Saturday 7:30 AM **IMPBA cards must be shown in advance! NO EXCEPTIONS!!**

DRIVERS MEETING: Saturday & Sunday 8:00 AM **FIRST HEAT:** 8:30 AM

NOVICE CLASS: LSG & nitro up to .45, **no** outriggers

AUDIO or DIGITAL CLOCK will be used.

4 ROUNDS OF RACING (time/weather permitting)

CLASSES: B Mono, Open Nitro Mono, B,D,E,F Hydro
B,D o/b Tunnel, Sport 40, 1/8 Scale, LSG Stock, LSG Mono, LSG Cat
LSG Outrigger, LS27 Sport Hydro, Classic Thunder Boat, Open Cat,
LSG Jersey Skiff/Cracker Box, Open Offshore, Novice, Ready to Run

FEES: First boat \$18; each additional boat \$10; Novice \$5

CLASS LIMITATION: 3 boats registered by drivers meeting
or class will be cancelled. No entry accepted without alternate frequency.

ENTRY DEAD LINE: *May 28th no late telephone entries accepted*

-REFUNDS ON CANCELLATION OF CLASS ONLY -

Make checks payable to: Delmarva Model Boat Club

MAIL ENTRIES TO: Omro Willey Phone 443 521-0636
163 Miles Circle
Hurlock, Md. 21643

CD CONTACTS: Mike Hart- 410 490 7364
Earl Eber- 240 832-3238

Easton Hotels

Comfort Inn: 410-820-8333

Days Inn: 410-822-4600

Econo Lodge: 410-820-5555

Holiday Inn Express 410-819-6500

Grasonville & Kent Island Hotels

Sleep Inn: 410-827-5555

Holiday Inn Express: 410-82-4454

Best Western Kent Narrows Inn: 410-827-6767

Camp Grounds

Tuckahoe State Park:

Queen Anne, MD 410-820-1668

Chesapeake Recreation:

Easton, MD 800-592-9178

NO ALCOHOLIC BEVERAGES ALLOWED DURING RACES

ON-SITE CAMPING (no facilities)

NOTICE: *The following statement must be read, signed (Full Signature) and submitted or you will not race.* I join and participate in this boat race, knowing it is dangerous, at my own risk. The race grounds nor the sponsoring organization "Delmarva Model Boat Club" shall not be held liable, including, but not limited to any loss, damage, or bodily harm, which may result, while on the race premises or during my participation in this race.

Signature _____

Name _____ IMPBA# _____

Phone(Home) _____ Phone(Work) _____

Address _____ City _____ State _____ Zip _____

CLASS	CHANNEL	ALT CH	ENTRY FEE
TOTAL			

