



2017 Participation Agreement

between

National Hospice Regatta Alliance

&

Member Hospice Regattas

P.O. Box 1054 McLean, VA 22101

Email: nhra@hospiceregattas.org • Web: <http://www.hospiceregattas.org>

MISSION STATEMENT

The mission of the National Hospice Regatta Alliance is to support charity sailing regattas that raise funds for and awareness of non-profit hospice services in local communities.

PARTICIPATION CRITERIA

Participation is limited to organizations that:

- Conduct hospice charity regattas that support the mission of the Alliance;
- Benefit hospices which provide hospice and palliative care services and are tax-exempt under Section 501(c)(3) of the Internal Revenue Code or its equivalent for Canada; and
- Conduct their regattas in accordance with the rules of United States Sailing Association, Inc. (US Sailing) or its equivalent for Canada.

MEMBERSHIP

Regular Member Regattas are those that have been accepted for membership in the Alliance; conduct hospice regattas in accordance with the criteria described above; and *meet the obligations of this Agreement*.

Probationary Member Regattas are those that the Alliance board of directors has concluded have not fully participated per the prior year's agreement, and have been advised of their status.

RIGHTS and OBLIGATIONS OF THE ALLIANCE

Alliance officers and directors commit to the following:

- 1) **ASSISTANCE:** Develop and distribute information about successful hospice regatta strategies.
- 2) **CHAMPIONSHIP:** Conduct or assign an organization to conduct the annual Championship. *The Alliance reserves the right to substitute another form of recognition in place of the Championship without prior notification of its members.*
- 3) **PROMOTION:** Promote member regattas and hospice care through news items, advertising, social media, the Alliance web site, and the Championship.
- 4) **CENTRAL PROGRAMS:** Identify in-kind items, central programs, and services that supplement member regattas' local efforts.
- 5) **FUNDRAISING:** Raise funds through national sponsors, advertisers, and other actions to cover, of operations, programs, services, and the Championship.
- 6) **FUND SHARING:** Distribute funds determined by the Alliance board to be available without adversely affecting its mission-related activities.
- 7) **GOVERNANCE:** Administer the provisions of this Agreement for itself and member regattas.

OBLIGATIONS OF MEMBERS

Regular and Probationary Member Regattas commit to the following:

- 1) **Sign and return the annual Participation Agreement within 30 days of receipt.** Signing indicates commitment to fully participate per this Agreement.
- 2) **Pay the annual dues within 30 days of invoice.** Minimum dues in 2017 are \$200 and \$400 for member regattas that netted over \$100,000 in 2016.
- 3) **Provide current documentation of tax exemption (IRS letter or its equivalent for Canada, for the hospice(s) benefiting from the regatta.**
- 4) **INFORMATION SHARING:** Provide updated, timely information for the Alliance to use in promoting and assisting hospice regattas and in national fundraising and publicity.
- 5) **REGATTA DATA:** Update the Regatta Data Form within 30 days of receiving this Agreement, or online via the membership profile, whenever changes are made.
- 6) **FINANCIAL REPORT:** Provide an official brief report of gross revenue and expense by the end of the 3rd full month after the regatta or November 30, whichever comes first.
- 7) **REGATTA NEWS:** Report at least twice a year.
- 8) **CHAMPIONSHIP:** By the end of the first full month after the regatta (but no later than November 30) provide names and contact information of skippers for the Alliance to invite to compete in the Championship.
- 9) **GOVERNANCE:** Designate a Primary Contact to represent the regatta to the Alliance, using the Regatta Data Form or online member profile.
- 10) **PROMOTION:** Promote the local regatta's eligibility for the Championship, other hospice regattas, and the Alliance.
- 11) **NATIONAL SPONSORSHIP:** Help the Alliance with national sponsorships that support the work of the Alliance on behalf of member regattas or that provide benefits to member regattas.

TERMS OF AGREEMENT

This agreement applies to all parties for all activities until December 31, 2017.

SIGNED _____ DATE _____

FOR (regatta name) _____

2017 Regatta Date _____

SIGNED  _____ DATE February 13, 2017

Tom Tomlinson, President FOR National Hospice Regatta Alliance, Inc.

Please indicate acceptance of this agreement by editing your Member Profile at <http://hospiceregattas.org/wa-member-profile/> and entering the date of acceptance in the Signed PA field. Alternatively, you can send the completed signature page by email to nhra@hospiceregattas.org, or by mail to: National Hospice Regatta Alliance, P.O. Box 1054, McLean VA 22101.