

Broadstairs Sailing Club

Streaker Open Meeting

7th October 2018

Entry Form

Tally Number

Please use BLOCK CAPITALS

NAME:	Helm:		Age if under 18	
Address of helm:				
			Telephone:	
E-mail				

Sail No:		Club:	
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I agree to be bound by the Racing Rules of Sailing 2017 – 2020, and all other rules that govern this race. I confirm that I have read the Notice of Race and accept its provisions and agree that my boat will conform to the requirements set out in the Notice of Race throughout the event.

I undertake to sail in compliance with the RYA Racing Charter

Signed:		Date:	
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Entry Fee: £10 per boat.	Entry Fee Enclosed:	£
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*Please make cheques payable to **Broadstairs Sailing Club***

Medical Information

Please include any medical details that you feel the organisers should be aware of:

Emergency Contact:	Name:		Phone No:	
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For entrants under 18

I accept responsibility of entry as stated above.

Signed:	parent / guardian
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Name:	
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Return to: Sailing Secretary, Broadstairs Sailing Club,
 Seaview House, Harbour Street, Broadstairs, Kent, CT10 1EU. ~ 01843 861373
 sailing@broadstairssailingclub.com
 www.broadstairssailingclub.com