

# SAS EASTERN CAPE PROVINCIAL CHAMPIONSHIPS

## 25<sup>th</sup> August – 26<sup>th</sup> August 2018

The Regatta Secretary Anna Marie van Vliet

E-mail: management@abyc.co.za

### ENTRY FORM

Account Name	:	SAS Eastern Cape Region
Bank	:	FNB
Branch Code	:	260209
Account Number	:	62747206614
Reference	:	ECP18 & your surname

In terms of the published Notice of Race for the above, please enter the following yacht in the Championship event.

PLEASE PRINT CLEARLY

#### Yacht Details

Yacht Name:

Class:

Category:

Sail Registration Number:

#### Reg. / Measurement Certificate

Issued By:

No:

Date:

**(enclose copy with entry form)**

#### Registered Owner

Full name of owner: \_\_\_\_\_

Class Association Member: Yes / No

Club of which a member \_\_\_\_\_ SAS Membership No: \_\_\_\_\_

Name of Helmsperson: \_\_\_\_\_ SAS Membership No: \_\_\_\_\_

Contact Tel No: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Date of Birth (if under 19) \_\_\_\_\_ Club of which a member: \_\_\_\_\_

Name of Crew: \_\_\_\_\_ SAS Membership No: \_\_\_\_\_

Date of Birth (if under 19): \_\_\_\_\_ Club of which a member: \_\_\_\_\_

In cases of entries with additional crew, a separate listing of all individual's details should be forwarded with this entry form.

I am a member in good standing of the

..... Class Association and I enclose my

Entry Fee as detailed in the Notice of Race for R.....

This Entry form together with a copy of the deposit slip and Measurement Certificate are to be emailed to the address given above, to confirm entry formalities

**I declare, by my signature, that:**

- I agree that competitors sail entirely at their own risk and agree that none of the organizations or persons concerned in the running of the Championships accepts liability for damages or injury suffered at any time during the period of, or as a result of the Championships.
- I agree to be bound by the World Sailing Rules 2017-2020, the World Sailing Equipment Rules of Sailing 2017-2020, the Notice of Race, the Sailing Instructions and the rules of my class association.
- No alterations that could affect the Measurement / Registration Certificate have been made since the certificate was issued.
- The information provided in this entry form is to the best of my knowledge correct.
- I am competent to handle a yacht in adverse conditions.
- I confirm that I am fully aware of SAS and Class Rules and Regulations governing the wearing and / or carrying of safety equipment in the yacht and that the yacht entered, complies with the minimum buoyancy requirements.

Signed: \_\_\_\_\_ Owner/Helmsperson (Parent or Guardian if a minor)

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail address (Please print clearly): \_\_\_\_\_

PLEASE NOTE: INCOMPLETE FORMS WILL NOT BE ACCEPTED

For Office Use:		
Date Received:	Class:	Date Captured: