



FLYING FIFTEEN SAS NATIONAL CHAMPIONSHIPS 2015
SAIDA DART 18 SAS KZN REGIONAL CHAMPIONSHIPS 2015

Sanctioned 28 September 2015

ENTRY FORM

The Regatta Secretary
 Point Yacht Club.
 PO Box PO Box 2224 Durban 4000
 Fax: 031 305 1234

E-mail: sailing@pyc.co.za

Account Name	:	Royal Natal Yacht Club
Bank	:	Standard bank
Branch Code	:	040026
Account Number	:	050924435
Type of Account	:	Current

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

PLEASE PRINT CLEARLY

Yacht Details

Name: Class:

Category: Sail Registration Number:

Reg. / Measurement Certificate: No: Issued By:
 Date.....

(Enclose copy with Entry Form)

Registered Owner: Class Member: Yes / No

Club of which a member: SAS Membership No.

.....

Name of Helmsman: _____ 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: _____

I am a member in good standing of the relevant South African Class Association for which I am entering.

I enclose my Entry Fee as detailed in the Notice of Race for R500.00

This Entry form along with a copy of the deposit slip are to be faxed to the above fax number 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 ISAF Racing Rules 2013-2016, the ISAF Equipment Rules of Sailing 2013-2016, the Requirements for SAS National Class Championships, the Notice of Race, the Sailing Instructions and the Rules of the Class Association for which I have entered.*
- *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 our 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 / Skipper (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: _____