



**ENTRY FORM SASKZN GRAND SLAM REGATTA 2016 MIDLANDS REGATTA (HMYC)  
INCORPORATING THE SASKZN LASER REGIONAL CHAMPIONSHIPS 2016**

**Date: 6<sup>th</sup>-7<sup>th</sup> February 2016**

**The Regatta Secretary**

South African Sailing KZN Grand Slam Regatta  
PO Box 2224  
Durban  
4000  
Fax: 031 3073902

Email:kzn@sailing.org.za

Account Name	:	Sailing KZN
Bank	:	Standard Bank, Durban
Branch Code	:	040026
Account Number	:	050914839
Reference	:	SKGSR/M + Surname (Grand Slam) SKLRC + Surname (Laser Regional Champs)

In terms of the published Notice of Race for the above event, please enter the following yacht in the above SASKZN Grand Slam Midlands Regatta and/or the SASKZN Laser Regional Championships

**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 Skipper** ..... SAS Membership No: .....

Date of Birth: ..... Club of which a member: .....

Name of Crew..... SAS Membership No: .....

Date of Birth: ..... 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 form.***

I am a member in good standing of the ..... Class Association.

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

**NB: SASKZN GRAND SLAM REGATTA R300.00 PER PERSON  
SASKZN LASER REGIONAL CHAMPIONSHIPS R350.00 PER PERSON**

***This Entry form along with a copy of the deposit slip and Measurement Certificate 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 the SASKZN Laser Regional Championships, the Notice of Race, the Sailing Instructions and the Class Rules of the relevant 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 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:**

**Entry into the SASKZN Grand Slam Regatta**

Date Received: ..... Class: ..... Date Captured: .....

**Entry into the SASKZN Laser Regional Championships.**

Date Received: ..... Class: ..... Date Captured: .....

.....