

International 420 NATIONAL CLASS CHAMPIONSHIPS – 2009

ENTRY FORM

The Regatta Secretary,
ZVYC
PO Box 118
Plumstead 7801

Account: ZVYC Bank: Standard Branch: Constantia Branch Code: 025309 Account Number :071837892

Phone & Fax 021 7053373

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

PLEASE PRINT CLEARLY!

Name: Class: Category:

Sail Number:

Registration / Measurement Certificate No :

(Enclose copy with Entry Form)

Registered Owner : Yacht Club Member Class Member :Yes / No

Name of Helmsman: SAS Membership No.

Contact Tel. No. E-mail address:

Date of Birth (if under 21): Club of which a member:

Name of Crew: SAS Membership No.

Date of Birth (if under 21): Club of which a member:

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..... (Enter the appropriate amount.). See **"Eligibility" paragraph in the Notice of Race**. 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 that:-

No alterations that could affect the above Measurement / Registration Certificate have been made since the certificate was issued.

I agree to be bound by the 2009 - 2012 Racing Rules of the ISAF, the 2005-8 ISAF Equipment Rules of Sailing, the SA Sailing Requirements for National Championships, this Notice of Race, the Sailing Instructions and the relevant Rules of the Class Association.

I am competent to handle a yacht in adverse conditions. I confirm that I am fully aware of the SA Sailing 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.

Liability: 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.

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.
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For Office Use:

Date Received: , Class: , Data Captured: