

Ross 780 and Noelex 22 National Championships

6th -9th February 2020

Entry Form

Organising Authority:

Port Chalmers Yacht Club

Back Beach P.C.

P.O. Box 7

Port Chalmers

| |
|-------------|
| Class |
| Sail Number |
| Hull Colour |
| Boat Name |

Helmsperson

| |
|-----------------|
| First Name: |
| Surname: |
| Postal Address: |
| |
| |
| Yacht Club: |
| Email: |
| Contact number: |

I agree to be bound by the Racing Rules of Sailing and all other rules that govern this event. I understand that yacht racing has inherent risks and dangers that are beyond the control of the organizing authority. I understand that neither the organising authority and its officers, members and servants nor other persons assisting with the conduct of the regatta accept any responsibility in respect of any injury or loss to person or property that may be sustained by reason of participation in the regatta or howsoever arising in connection with the regatta.

I agree to the use of my photograph(s) and other relevant information in any event publicity and in the ongoing promotion of New Zealand yachting. I agree to the Organising Authority and Yachting New Zealand holding the above information for the general administration and well-being of the sport, and for them to retain, use and disclose the information to affiliated organisations and any other persons or organisations that Yachting New Zealand believes will further the interests and objectives of Yachting New Zealand. I acknowledge my right to access to and correction of this information. The consent is given in accordance with the Privacy Act 1993.

| | |
|--------------------------------|---|
| Helmsperson's Signature | Parent/Guardian's Signature (if sailor under 18 years old) |
| Date | Date |

| Enclosures | | | | | |
|--------------|--------------------------|--------------------------------|--|--------------------------|----------------------------------|
| Entry Fee | Proof of Club Membership | Proof of Class Assn Membership | | Certificate of Insurance | Measurement / Rating Certificate |
| \$100 | | | | | |

Payment can be made by cheque to PCYC, P O Box 7, Port Chalmers 9050

Or

Online: 03-0905-0074960-00

Please use your boat name as a reference

| Office Use | | | |
|----------------|---|------|---------|
| Entry Fee Paid | Cash / Cheque / Eftpos / online banking | Date | Comment |
| | | | |

Crew #1

First Name

Surname

Yacht Club

Crew #2

First Name

Surname

Yacht Club

Crew #3

First Name

Surname

Yacht Club

Crew #4

First Name

Surname

Yacht Club

Crew #5

First Name

Surname

Yacht Club