



ENTRY FORM SAS SPROG NATIONALS 2017

The Regatta Secretary

SAS Sprog Nationals 2017
PO Box 1151
Howick
3290
Email: .hmyc@mweb.co.za

Account Name	:	Henley Midmar Yacht Club
Bank	:	Standard Bank
Branch Code	:	05832544
Account Number	:	052445275
Reference	:	SNC / Name of Skipper

In terms of the published Notice of Race for the above event, please enter the following yacht in the above SAS Sprog Nationals 2017

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: Club of which a member:

Name of Crew: SAS Membership No:

Date of Birth : 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.....

This Entry form along with a scanned copy of the deposit slip, are to be e-mailed to hmyc@mweb.co.za

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 SAS Sprog Nationals 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 (WS) Racing Rules 2017-2020, the World Sailing Equipment Rules of Sailing 2017-2020, the Requirements for SAS National Championships, the Notice of Race, the Sailing Instructions and the Class Rules of the relevant classes*
- *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: