

REGISTRATION FORM 2017



OFFICE USE					
Handicap Checked		Rating		Class	
TO BE COMPLETED BY OWNER/HELM					
Yacht Name					
Sail number					
Class entered					
Owner/ Helms Name					
Address					
No of crew					
Known medical conditions					
Crew Name	Condition				
Car registration number					
Berthing location					
Shore contact phone number*					
Shore contact Email address					

Notes: *Please supply a shore contact phone number for a person who will have contact details for all crew carried on board each yacht entered in the regatta.