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ENTRY FORM

SAS KZN YOUTH REGIONAL CHAMPIONSHIPS 2017

SAS KZN INTERSCHOOLS CHAMPIONSHIPS 2017

The Regatta Secretary

SASKZN Youth Regional Championships 2017 / SAS KZN Interschool's Championships2017

PO Box 1151 Howick 3290

Fax: 033 3304158 Email:hmyc@mweb.co.za

Account Name	:	Henley Midmar Yacht Club		
Bank	:	Standard Bank (Howick)		
Branch Code	:	05832544		
Account Number	:	052445275		
Reference	:	KYR + Surname KIS + Surname		

In terms of the published Notice of Race for the above event, please enter the following yacht in the above SASKZN Youth Regional Championship event and/or SASKZN Interschool's Championships 2017

PLEASE PRINT CLEARLY

Class Member: Yes / No

Club /School Name

SAS Membership No.

Name of Helmsman:

SAS Membership No:

Contact Tel No:

E-mail address:

Date of Birth: Club/School Name:

Name of Crew: SAS Membership No:

Date of Birth: Club /School Name

In cases of entries wi be forwarded with thi	th additional crew, a sep is form.	arate listing of all indivi	idual's details should		
I am a member in good standing of the					
I enclose my Entry Fee	as detailed in the Notice of	Race for R			
_	ng with a copy of the the above e-mail numbe				
I declare, by my signa	ature, that:				
or persons conceinjury suffered at injury suffered at I agree to be Equipment Rules / SASKZN Inters Class Rules of the No alterations the since the certification of I am competent I confirm that I am I cand / or carrying	petitors sail entirely at their erned in the running of the any time during the period bound by the World Sail of Sailing 2017–2020 the Fachool's Championships the erelevant Class Association at could affect the Measurate was issued. Provided in this entry form to handle a yacht in adverse am fully aware of SAS and of of safety equipment in the oyancy requirements.	e Championships accepts of of, or as a result of the Cling Racing Rules 2017-2 Requirements for SASKZN is Notice of Race, the Sail rement / Registration Certis to the best of our knowled conditions. Class Rules and Regulation	liability for damages or hampionships. 1020, the World Sailing Regional Championships, ing Instructions and the tificate have been made edge correct.		
Signed:	Owner / Skipper (Pareı	nt or Guardian if a minor) Date:			
Address:					
Talanhana	Fove	Mobile:			
Telephone:	Fax:	Mobile.			
E-mail address (Please p	orint clearly):				
PLEAS	SE NOTE: INCOMPLETE FO	ORMS WILL NOT BE ACC	EPTED		
For Office Use:					

Class:

Date Received:

Date Captured: