## HALCAT CLASS SAS KZN REGIONAL CLASS CHAMPIONSHIPS - 2017

## **ENTRY FORM**

The Regatta Secretary Ms Margie Harris PO Box 2946 Durban 4000

Fax:031 307 2590

E-mail:admin@rnyc.org.za

Account Name	:	Royal Natal Yacht Club
Bank	:	Standard Bank
Branch Code	:	040026
Account Number	:	050924435
Type of Account	:	Cheque

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

Date of Birth (if under 19):

**Yacht Details** 

Name:	Class:			
Category:	Sail Registration Number:			
Date				
(Enclose copy with Entry Form)				
Registered Owner:	Class Member: Yes / No			
Club of which a member	SAS Membership No.			
Name of Helmsman:	SASMembership No:			
Contact Tel No:	E-mail address:			
Date of Birth (if under 19):	Club of which a member:			
Name of Crew:	SAS Membership No:			

Club of which a member:

In cases of entries with be forwarded with this	SHEEZH MAN ERO OG GERHARIOSHA AG GA SASANAMAN ERAN - MAN OA MAS ALL DORANAS - MA	a separate listii	ng of all individua	al's details should
I am a member in good s	tanding of the			Class Association
I enclose my Entry Fee as	detailed in the Notic	e of Race for R		
This Entry form along are to be faxed to the a				rement Certificate
I declare, by my signat	ure, that:			
or persons concerning in jury suffered at a large to be bound of Sailing 2013–20 Race, the Sailing II  No alterations that since the certificate the information profile I am competent to I confirm that I amand / or carrying to	etitors sail entirely at med in the running of any time during the part of the World Sailing of the Requirement of the Medical Sailing of	of the Champion period of, or as a ang Racing Rules of the Halcate easurement / Record is to the best of the Constant of the solutions. The Constant of the solutions and Class Rules of the period of the conditions.	nships accepts liable result of the Chamber 2017-2020, the (Ennal Class Champion to Class Association againstration Certificate of our knowledge and Regulations go	pility for damages of apionships.  RS) Equipment Rules of a state have been made correct.  Everying the wearing the wearing the state of the correct.
Signed:	Owner / Skipper (F	Parent or Guardia	an if a minor) Dat	e:
Address:				
Telephone:	Fax:		Mobile:	
-mail address (Please pri	nt clearly):			

## PLEASE NOTE: INCOMPLETE FORMS WILL NOT BE ACCEPTED

For Office Use:

Date Received:

Class:

Date Captured: