ROYAL TORBAY YACHT CLUB

INTERNATIONAL FLYING DUTCHMAN CLASS OPEN NATIONAL CHAMPIONSHIP 12TH – 14TH JUNE 2009

ENTRY FORM

Helm:	Name	
	Address	
	Date of BirthNationality	
	Tel. NoE-Mail	
	Club.	
	Name of Boat	Sail No
Crew:	NameDate of	Birth
	Club	
Royal Torbay Y of all rules affe	und by the rules as defined in the Racing Rules of Sailing Yacht Club, and agree that I will ensure that all persons or ecting the safety and conduct of the boat and that thir Race will be in place for the duration of the Champion	n board are aware of the content d party insurance as specified in
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dependent's right boat will have confirm that my the Championsh	helm is my dependent, and I accept paragraph 13 of the last to claim compensation in certain circumstances. I declar valid and current third party insurance as set out in paraly dependent is competent to take part and that I am responsip. During the time my dependent is afloat I will be in on the Race Officer in writing who is acting in loco parentis described.	e that during the Championship the graph 14 of the Notice of Race. I sible for my dependent throughour r around Royal Torbay Yacht Club
Name	Signature	Date
Entrance Fee I enclose a che Or	Required £80.00 eque payable to the Royal Torbay Yacht Club for £	
Debit Card Pa	•	
	Valid from	Valid to
	Card Type	
	ny card to the sum of £ Signed	•••••
Send to The Club Secr	retary, Royal Torbay Yacht Club, 12 Beacon Terrace,	Torquay TO1 2RH
	our y, Royar Toroay Tacin Club, 12 Deacon Terrace,	I OI YUU I YI ZDII