





THE GJW DIRECT 67th FIREFLY NATIONAL CHAMPIONSHIP Saturday 27July - Friday 2 August 2013

FNTRY FORM

Please print clearly			
Name of Helm:	Date of Birth of Helm:		
Address:	Boat No:		
	Sail No if different:		
Post Code:	Boat Name:		
Email Address:	NFA Member: Yes/No		
Home Tel No:	Sailing Club:		
Work Tel No:	Mobile Tel No:		
Name of Crew:	Date of Birth of Crew:		
I am eligible to compete for the following trophies. Please tick or complete the appropriate boxes to qualify for the trophy.			
Veterans/Geriatric Trophy (Helm over 50 on 01.01.13)	The Ultimate Trophy (Enter combined age of helm and crew as of 27.07.13) All competitors to complete		
Chris Lynham Trophy (Helm under 21 on 01.01.13)	Eden Trophy (Best improver – enter final position at Pwllheli 2013)		
Restronguet Ovaloid Trophy (Helm under 18 on 01.01.13)	Deben Ladies Trophy (Helmswoman)		
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Please enter my boat for the The GJW Direct 67th Firefly National Championship. I agree to be bound by the Racing Rules of Sailing and all other Rules that govern this championship. In particular, I confirm that I have read the Notice of Race and accept its provisions and agree that my boat will conform to the requirements set out in the Notice of Race throughout the championship.

Signature of Helm:	Date:	

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A parent or guardian for any competitor who is under the age of 18 at the time of the championship must complete the following.

<u>Helm</u>

Name:

Under law, this helm is my dependent, and I accept paragraph 10 of the Notice of Race, which excludes my dependent's right to claim compensation in certain circumstances. I declare that during the championship the boat will have valid and current third party insurance of at least £3m. I confirm that my dependent is competent to take part and that I am responsible for my dependent throughout the championship. During the time my dependent is afloat I will be in or around Royal Torbay Yacht Club or I will inform the Race Officer in writing who is acting in loco parentis during my absence.

Telephone No. (Day)

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Addre	255:	Telephone No: (Evening)
		Telephone No: (Mobile)
Signat	ture:	Date:
exclud during £3m. deper aroun	des my dependent's right to claim compe g the championship the boat will have va I confirm that my dependent is competendent throughout the championship. Duri	ccept paragraph 10 of the Notice of Race, which nsation in certain circumstances. I declare that lid and current third party insurance of at least nt to take part and that I am responsible for my ng the time my dependent is afloat I will be in or a the Race Officer in writing who is acting in loco
Name	:	Telephone No: (Day)
Addre	ess:	Telephone No: (Evening)
		Telephone No: (Mobile
Signat	ture: ———	Date: ———
	Fee as per Notice of Race Clause 3 to be paid by 13 tick method used	3 July 2013
	Direct Bank Transfer to Account No 11277898 Sort Code 40-44-22 (Please quote Firefly 2013 followed by your sail number)	
	I enclose a cheque payable to Royal Torbay Yacht Club (Please quote Firefly 2013 followed by your sail number on the reverse of cheque)	

This entry form, fully completed, should be sent to: The Club Secretary, Royal Torbay Yacht Club, 12 Beacon Terrace, Torquay TQ1 2BH