



Sanctioned 17 July 2012

S.A. SAILING YOUTH NATIONAL CHAMPIONSHIPS – 2012

ENTRY FORM

The Regatta Secretary

SAS Youth National Championships

PO Box 613,

Knysna, 6570

Fax : 086 684 8311

Email: info@youthnationals.co.za

Event Website : www.youthnationals.co.za/

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

Yacht Details

Name: _____ Class: _____

Category: _____ Sail Registration Number: _____

Reg. / Measurement Certificate: No: Issued By:
Date.....

(Enclose copy with Entry Form)

Registered Owner	Class Member: Yes / No
Name of Helmsman	SAS Membership No
Contact Tel No	E-mail address
Date of Birth	Club of which a member
Name of Crew	SAS Membership No

Date of Birth	Club of which a member
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In cases of entries with additional crew, a separate listing of all individual's details should be forwarded with this form.

I am a member in good standing of the Class Association.

I enclose my Entry Fee as detailed in the Notice of Race for R.....

This Entry form along with a copy of the deposit slip and Measurement Certificate are to be faxed to the above fax number to confirm entry formalities! Alternatively, online entries will be accepted via the event website - <http://www.youthnationals.co.za/>

I declare, by my signature, that:

No alterations that could affect the Measurement / Registration Certificate have been made since the certificate was issued. I agree to be bound by the ISAF Racing Rules 2009-12, the ISAF Equipment Rules of Sailing 2009-12, the South African Sailing (SAS) Requirements for National Championships, the Notice of Race, the Sailing Instructions and the relevant Rules of the Class Association and that the information provided in this entry form is to the best of our knowledge correct. I am competent to handle a yacht in adverse conditions. I confirm that I am fully aware of SAS and Class Rules and Regulations governing the wearing and / or carrying of safety equipment in the yacht and that the yacht entered, complies with the minimum buoyancy requirements.

I agree that competitors sail entirely at their own risk and agree that none of the organizations or persons concerned in the running of the Championships accepts liability for damages or injury suffered at any time during the period of, or as a result of the Championships.

Signed: Owner / Skipper (Parent or Guardian if a minor) Date:

Address:

Telephone: Fax: Mobile:

E-mail address (Please print clearly):

T – Shirt Size (indicate with a cross)

Helm:	S		M		L	
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Crew:	S		M		L	
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PLEASE NOTE: INCOMPLETE FORMS WILL NOT BE ACCEPTED

For Office Use:

Date Received:

Class:

Date Captured: