

# SA SAILING KZN 2011 YOUTH PROVINCIAL CHAMPIONSHIPS

TO BE HELD AT THE HENLEY-MIDMAR YACHT CLUB, MIDMAR DAM  
From 7<sup>th</sup> to 9<sup>th</sup> October 2011

## ENTRY FORM

The Regatta Secretary,  
KZN Youth Provincials,  
P O Box 2224,  
Durban  
4000  
Fax: 031 307 3902  
Email: kzn@sailing.org.za

Account Name:	Henley Midmar Yacht Club
Bank	: Standard Bank
Branch	: Howick
Branch Code	: 05832544
Account No	: 05244275
Reference	: KZNYP + (SURNAME)

### PLEASE PRINT CLEARLY

#### Yacht Details

Yacht Name: ..... Class: ..... Category: .....

Sail Registration Number: .....

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

Registered Owner: ..... Class Member: Yes / No

Name of Helmsman: ..... SAS Membership No: .....

Date of Birth: ..... Club of which a member: .....

Name of Crew: ..... SAS Membership No: .....

Date of Birth: ..... Club of which a member: .....

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 are to be faxed or emailed to the regatta secretary (see details above) to confirm entry formalities!***

#### **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 SA Sailing 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 confirm that I am fully aware of the National Small Vessel Safety Regulations, SA Sailing and Class Rules governing buoyancy and safety requirements, and that the yacht entered complies with these.*

*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: ..... Skipper Date: .....

Signed: ..... Parent or Guardian Date: .....

Address: .....

Telephone: ..... Fax: ..... Mobile: .....

E-mail address (Please print clearly): .....

<b>PLEASE NOTE: INCOMPLETE FORMS WILL NOT BE ACCEPTED</b>
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