Richmond Yacht Club

Flap Martinengo Memorial
24 June 2017

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Herne Bay, Auckland 1147
info@richmondyc.org.nz
www.richmondyc.org.nz

Boat Details

Boat Name:	Sail Number:
Design:	Length:
Hull Colour:	Recent handicap (e.g Club or PHRF):

Skipper / Owner Details

Name:	Home Phone:
Address:	Mobile Phone:
	Email:
	Yacht Club:

Division (If unsure contact RYC for advice on divisions)

- ❑ A - Keelers - OPEN (0.73+)
- ❑ B - Keelers - OPEN (0.73-)
- ❑ E - General - NO EXTRAS

I agree to be bound by the Racing Rules of Sailing and all other rules that govern this event. I understand that yacht racing has inherent risks and dangers that are beyond the control of the Organizing Authority. I understand that neither the Organising authority and its officers, members and servants nor other persons assisting with the conduct of the regatta accept any responsibility in respect of any injury or loss to person or property that may be sustained by reason of participation in the regatta or howsoever arising in connection with the regatta. I agree to the use of my photograph(s) and other relevant information in any event publicity and in the ongoing promotion of New Zealand yachting. I agree to the Organising Authority and Yachting New Zealand holding the above information for the general administration and well-being of the sport, and for them to retain, use and disclose the information to affiliated organisations and any other persons or organisations that Yachting New Zealand believes will further the interests and objectives of Yachting New Zealand. I acknowledge my right to access to and correction of this information. The consent is given in accordance with the Privacy Act 1993.

Skipper / Owner Signature:	Date:

Fees (Must be arranged prior to racing)

- ❑ RYC Sailpass (no extra charge)
- ❑ RYC Member ($25)
- ❑ Other Club ($35)

Payment

❑ Direct Credit ❑ Cheque ❑ Cash ❑ EFTPOS (office) ❑ Credit (VISA or M/C, office or below)

For 'direct credit': deposit fee to: 02-0100-0835080-00 and reference race name and your boat name.

Name on credit card:

Cardholder Signature:	Expiry Date: