

## Richmond Yacht Club Victoria Cruising Club Friday Night Special (2020-21)

Crew Entry Form

Phone: 376-4332 PO Box 46 324 Herne Bay, Auckland 1147 info@richmondyc.org.nz www.richmondyc.org.nz

Crew Details				
Name:	Mobile Phone:	Mobile Phone:		
Address:	Home Phone:	Home Phone:		
	Email:			
	RYC Member :	#:		
Note: Please complete a Crew Member Nomina club for more details.	tion form if you are not cu	ırrently a RYC	crew member. Contact t	the
Sailing Experience (Please describe what sailing	ng / yachting / sail racing	experience you	ı might have.)	
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How did you hear about us?				
Race Schedule				
Г	i 6 November 2020	6 - Fri	22 January 2021	
	4 - Fri 20 November 2020		7 - Fri 19 February 2021	
2 - Fri 30 October 2020 5 - Fr	i 4 December 2020	8 - Fri	19 March 2021	
I agree to be bound by the Racing Rules of Sailing and all and dangers that are beyond the control of the Organizing A and servants nor other persons assisting with the conduct property that may be sustained by reason of participation in my photograph(s) and other relevant information in any every Organising Authority and Yachting New Zealand holding the them to retain, use and disclose the information to affiliated believes will further the interests and objectives of Yach information. The consent is given in accordance with the Pri	Authority. I understand that neith of the regatta accept any responsible the regatta or howsoever arising above information for the general department and any other pating New Zealand. I acknow	ner the Organising onsibility in respecting in connection with gromotion of Neweral administration appersons or organis	authority and its officers, mem t of any injury or loss to perso the the regatta. I agree to the use Zealand yachting. I agree to and well-being of the sport, an actions that Yachting New Zea	nbers on or ise of to the nd for aland
Crew Signature:	: Date:			
Fees (Must be arranged prior to racing)				
☐ Series Fee (\$115)				
Payment				
	TPOS (office) ☐ Credit	(VISA or M/C,	office or below)	
For 'direct credit': deposit fee to: 02-0100-08350	` ,	•	•	
Name on credit card:		•		
Cardholder Signature:		Expiry D	)ate:	
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