

RICHMOND YACHT CLUB (INC)

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Sailpass 2019-2020

Boat Details										
			Sail No:							
Design:			Length:							
Hull Colour:			PHRF:(if available)							
				<u> </u>						
Skipper/Owner Details										
Skipper Name:			Home Phone:							
Address:			Mobile:							
			Email:							
		Yacht Club: Richmond Yacht Club								
	4.1						• "			
The usual skipper/owner of the boat Please indicate below your interest in series/rad in		to enter	online v	ia TES		•	•		r to the	
Sailpass Cost: \$240.00	Race/Series									
φ210100	Spring Regatta									
	Wednesday Night Racing Cruising Series									
	Singlehanded Race									
	His n Hers Races (RYC and PCC)									
	Westhaven Triple Series (PCC, RNZYS & RYC)					C)				
	Winter Series									
	Flap Martinengo Race									
I agree to be bound by the Racing Rules of Sailing and all other r the control of the organizing authority. I understand that neither t of the events accept any responsibility in respect of any injury or arising in connection with the events. I agree to the use of my photo Zealand yachting. I agree to the Organising Authority and Yachti and for them to retain, use and disclose the information to affiliat interests and objectives of Yachting New Zealand. I acknowledge Privacy Act 1993. Skipper/Owner Signature	he organising authority loss to person or propotograph(s) and other and New Zealand holding organisations and a	y and its off erty that ma relevant info ing the abov my other per	icers, mem by be sustain formation in the information or or	nbers and ined by re- n any even- tion for the ganisation	servants r ason of pa nt publicity e general ns that Ya	nor other per articipation i y and in the administration chting New	sons assisti in the events ongoing pro on and well Zealand be	ng with the sor howse comotion of the being of the being will be the being with the being	e conductoever f New he sport, further the	
<u>Direct Credit:</u> 02 – 0100 – 0835080 - 00	Refe	rence:	Sailpa	ss & Bo	oat Nan	ne				
Cash Cheque Eftpos	S Visa		M/Ca	ırd						
			ınt Pai	d:	\$	240.0)0			
	* T									
	Name or	n Card:								
Customer Sign		n Card:				Expiry	Date:		/	