



ROYAL MALTA YACHT CLUB



Medcomms Round Malta Race 2017

Race Entry Form

Name of Boat: _____

Sail No: _____ SSS Numeral: _____ IRC TCC _____

Design: _____ IRC Racer Division _____

Spinnaker Colour: _____ IRC Cruiser Division _____

I have read, understood and agree with the conditions set out in the Notice of Race and Sailing Instructions and I agree to be bound by the Racing Rules of Sailing and by all other rules that govern this event.

I declare that I have adequate third-party liability insurance, valid while racing.

I agree that the Royal Malta Yacht Club and any company or organisation connected with the organisation of these races are not responsible for the seaworthiness of the yacht entered, and that all on board will take part in this race at their own risk and responsibility.

I agree that any photograph or video footage taken of competitors of the yacht during any activity, which forms part of this event, may be used or published in any media for advertising or press information.

Skipper: _____ Crew _____

Address: _____

Post Code _____ RMYC Membership Card No. _____

Home Phone: _____ Business Phone: _____

Fax: _____ Mobile: _____

Email: _____

Signed: _____ Date _____

Tick as appropriate

Entry fee : RMYC Member €30.00 _____
Non-Member € 60.00 _____

Copy of IRC certificate 2017 enclosed _____

Copy of insurance certificate enclosed _____

Receipt No: _____