



ROYAL MALTA YACHT CLUB



Race Entry Form – Multi Class Dinghy Regatta 2017

Name of Sailor: _____ Boy or Girl

Name of Crew [if any] _____ Boy or Girl

Sail No: _____ & Colour _____

Class: Bug Junior [] Bug Senior []
Vision []
RS Feva []

Club: _____

I/we 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/we 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/we 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.

Helm: _____ Crew: _____

Date of Birth _____ Date of Birth _____

Address of Helm: _____

Post Code _____ Home Phone: _____

Mobile: _____

Name of Parent or guardian

Signed: _____ Date _____

(Signature of parent if under 18)

Please make your cheque payable to Royal Malta Yacht Club.

RECEIPT NO:

Application fee enclosed : €15.00 _____

