



ROYAL MALTA YACHT CLUB

RMYC MAY WEEKEND
REGATTA 2017

Race Entry Form - Dinghies

Name of Sailor: _____ Age _____

Sail No: _____

Class: _____

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 confirm that I am covered by adequate third party 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 boat 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.

Crew: _____ (if applicable) Age _____

Address: _____

Post Code _____ Sailing Club _____

Home Phone: _____ Mobile: _____

Date of Birth: _____

Email: _____

Signed: _____ Date _____

Signature of parent or guardian I agree to the above and give consent for my son/daughter to take part in this event.
if sailor is under 18:

(Tick as appropriate)

Application fee enclosed : One person Dinghies Enter amount;-
Euro15.00
Two Person Dinghies Euro 20.00 _____

RECEIPT NO: _____

Please make your cheque payable to Royal Malta Yacht Club.