



2019 Squib Gold Cup

Saturday 4th May - Sunday 5th 2019

**Royal Corinthian Yacht Club
Burnham on Crouch Essex**

ENTRY FORM

Boat Name: _____ Sail No: _____

Club: _____ Hull colour: _____

Helm: (first name and surname)

Helm's address:

Telephone numbers: Home _____ Other _____

E-mail address: _____

Contact in Emergency

Name: _____ Phone: _____

Crews: (first name and surname)

Contact in Emergency

Name: _____ Phone: _____



DECLARATION:-

Please enter the above named boat for the 2019 Squib Gold Cup.

I agree to be bound by the Racing Rules of Sailing, prescription of the RYA, Crouch Harbour Authority Bye Laws, the Notice of Race and The Sailing Instructions for the above event.

By signing this race entry form, I accept that:

- Participants are responsible for themselves, their Crew and their boats whether afloat or ashore.
- Nothing done or written by the organisers (i.e. the club, race management team, patrol craft and anyone helping to run racing) will relieve participants of their responsibilities.
- By launching (or going to sea) participants imply the suitability of their craft and the competence of the skipper and crew for the expected or forecast conditions.

I undertake to hold adequate insurance indemnity.

Before racing, I will ensure my crew is aware of the undertaking in this declaration, the importance of effecting appropriate personal insurance, and their responsibility in rules observance, in particular wearing personal buoyancy adequate for the conditions.

If the boat is in the charge of another person I will bring to their attention the provisions of this entry form.

I agree to pay my Entry Fee of **£55.00** at the same time as this form is submitted.

I accept that the helm/owner is required to be a fully paid up member of the NSOA to be able to participate in this regatta.

Postal entries should enclose a cheque made payable to 'Royal Corinthian Yacht Club'. Entry by attaching this form to an e-mail (kate.knights@royalcorinthian.co.uk) sent to the RCYC office should be followed promptly by card payment, telephoning the office on 01621 782105.

Signed

Dated

Print Name

Owner / Representative / Helm (delete as necessary)