

Entry Form

2023 Stadt 23 Western Cape Championship

The Regatta Secretary

THEEWATER SPORTS CLUB

PO BOX 76 Villiersdorp 6848 WESTERN CAPE info@theewater.co.za

Account Name	:	Theewater Sports Club
Bank	:	ABSA
Account Number	:	4084563616
Type of Account	:	Current

In terms of the published Notice of Race for the above event, please enter the following yacht in the above Regional Class Championship event.

PLEASE PRINT CLEARLY

Yacht Details

Name of Crew 1:	SAS Membership No:
Name of Crew 2:	SAS Membership No:
Name of Crew 3:	SAS Membership No:

In cases of entries with additional crew, a separate listing of all individual's details should be forwarded with this form.

I am a member in good standing of the South African Stadt 23 Class Association.

I enclose my Entry Fee as detailed in the Notice of Race for R250.

This Entry form along with a copy of the deposit slip and Measurement Certificate are to be emailed to info@theewater.co.za to confirm entry formalities!

I declare, by my signature, that:

No alterations that could affect the Measurement / Registration Certificate have been made since the certificate was issued. I agree to be bound by the ISAF Racing Rules 2021-24, the ISAF Equipment Rules of Sailing 2021-2024, the South African Sailing (SAS)Requirements for National Championships, the Notice of Race, the Sailing Instructions and the relevant Rules of the Class Association and that the information provided in this entry form is to the best of our knowledge correct. I am competent to handle a yacht in adverse conditions. I confirm that I am fully aware of SAS and Class Rules and Regulations governing the wearing and / or carrying of safety equipment in the yacht and that the yacht entered, complies with the minimum buoyancy requirements.

I agree that competitors sail entirely at their own risk and agree that none of the organizations or persons concerned in the running of the Championships accepts liability for damages or injury suffered at any time during the period of, or as a result of the Championships.

Signed:	Owner / Skipper (Paren	t or Guardian if a minor) Date:	
Address:			
Telephone:	Ма	bile:	
E-mail address (Please	e print clearly):		
PLE	ASE NOTE: INCOMPLETE FO	RMS WILL NOT BE ACCEPTED	
For Office Use:			
Date Received:	Class:	Date Captured:	