



**SOUTH AFRICAN
SAILING**

Entry Form

2024 Stadt 23 National Championship

28 April 2024 to 1 May 2024

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: _____ Class: Stadt 23

Sail Registration Number: _____

Reg. / Measurement Certificate: No: Issued By: Date.....

(Enclose copy with Entry Form or present at Registration)

Registered Owner: _____ Class Member: Yes / No

Name of Helmsman: _____ SA Sailing Membership No: _____

Contact Tel No: _____ E-mail address: _____

Date of Birth (if under 21): _____ Club of which a member: _____

Name of Crew 1: SA Sailing Membership No:

Name of Crew 2: SA Sailing Membership No:

Name of Crew 3: SA Sailing Membership No:

Name of Crew 4: SA Sailing 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 R500.

This Entry form along with a copy of the deposit slip and Measurement Certificate are to be emailed to info@thewater.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 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 (Parent or Guardian if a minor) Date:

Address:

Telephone: Mobile:

E-mail address (Please print clearly):

PLEASE NOTE: INCOMPLETE FORMS WILL NOT BE ACCEPTED

For Office Use:

Date Received: Class: Date Captured: