



ENTRY FORM

IRC TWILIGHT SERIES '09

ENTRY CLOSING DATE 07 October 2009

NAME OF YACHT : _____
SAIL NUMBER : _____

DESIGN: _____
OVERALL LENGTH: _____
IRC CERTIFICATE NUMBER: _____
IRC CERTIFICATE EXPIRY: _____
PERMISSIBLE NUMBER OF CREW: _____
IRC RATING: _____

NAME OF SKIPPER: _____
CLUB OF WHICH MEMBER: _____
DAYTIME CONTACT NUMBER: _____
MOBILE NUMBER: _____
EMAIL ADDRESS: _____

NAME OF OWNER: _____
CLUB OF WHICH MEMBER: _____
DAYTIME CONTACT NUMBER: _____
MOBILE NUMBER: _____
EMAIL ADDRESS: _____

SKIPPERS QUALIFICATION: _____

PAYMENT :

DEBIT MY RCYC ACCOUNT
CASH
EFT

Payment via EFT to:

RCYC First National Bank
Acc. 500 500 453 16
Bc. 201 309
Reference: IRCTWI-"YOURBOATNAME"
Fax proof of payment to: 021 421 6028

I have read and agree to be bound by the Notice of Race and Sailing Instructions for the IRC TWILIGHT SERIES '09 and the ISAF Racing Rules of Sailing. I understand and acknowledge that this entry will sail entirely at its own risk, that the onus on whether to start a race or continue racing lies entirely with the skipper, and that none of the organizations or persons concerned in the running of the event accept any liability for damage or injury, material or personal, incurred competing in the event or any other time, however arising.

SKIPPERS SIGNATURE : _____
DATE: _____

PLEASE FAX OR EMAIL ENTRY TO: michela@rcyc.co.za 021 421 6028