

Rolle WEEKEND

Round Glover's

28 April 2024

REGISTRATION FORM

Yacht Name:	Name of Skipper:				
Address:					
Tel:	Em	Email:			#ofCrew:
Yacht Type/Design:_		Year	of Hull:	Hull Colour:	
Sail Number:	LOA:	CSA Rating	Rig type(sloop,schooner,yawl,k	etch):
By entering this ever	nt and completin	g this Registration Fo	rm,I,the unde	ersigned, agree as follo	ows:
Entry Fee:To pay an e	entrance fee of \$	100EC members / \$15	0EC Non Mer	mbers	
jury, sponsors and/o	r supporters, are	not liable and shall no	t in any way l	ice committee, organiz be held responsible for nat of my crew,in this r	any personal
to use or authorize o	thers to use my r	name,photographs,red	ordings,data	CYC Race Weekend 20 or any other record of y or duration, and with	my participation in
-		es of Sailing and the Satriction for this event.	ailing Instruct	ions of this Race	
Signed			Da	te:	
Owner or Owner's Re	epresentative				
Kindly email complet	ed Registration F	Form by 20 April 2024	to <u>pcycgrena</u>	da@gmail.com	