



Race WEEKEND

Round Glover's 2024

REGISTRATION FORM

Yacht Name: _____ Name of
Skipper: _____

Address: _____

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Tel: _____ Email: _____ #ofCrew: _____

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Yacht Type/Design: _____ Year of Hull: _____ Hull
Colour: _____

Sail Number: _____ LOA: _____ CSA Rating _____ Rig
type(sloop,schooner,yawl,ketch): _____

By entering this event and completing this Registration Form,I,the undersigned, agree as follows:

Entry Fee:To pay an entrance fee of \$100EC members / \$150EC Non Members

Disclaimer: I agree and accept that the Petite Calivigny Yacht Club, the race committee, organizing authority, jury, sponsors and/or supporters, are not liable and shall not in any way be held responsible for any personal injury or material damage that might result from my participation, and that of my crew,in this regatta.

Permission:I here by give permission to the organizing authority of the PCYC Race Weekend 2024 and its assigns to use or authorize others to use my name,photographs,recordings,data or any other record of my participation in this regatta for any legitimate purpose without restriction as to frequency or duration, and without the right to compensation.

I agree to be bound by the Racing Rules of Sailing and the Sailing Instructions of this Race
I am aware of the 4.5 meter draft restriction for this event.

Signed _____ Date: _____

Owner or Owner's Representative

Kindly email completed Registration Form by 27 2024 to pcycgrenada@gmail.com

PETITE CALIVIGNY YACHT CLUB
pcycgrenada@gmail.com www.pcycgrenada.com www.facebook.com/PCYCGrenada