RICHMOND YACHT CLUB (INC)

Phone 376-4332, Fax 360-2379, P O Box 46 324, Auckland 1147, richmondyc@xtra.co.nz, www.richmondyc.org.nz

FLAP MARTINENGO MEMORIAL 2009

Boat Details

Boat Name:	Sail No:
Design:	Length:
Hull Colour:	PHRF:(if available)

Skipper/Owner Details

Name:	Home Phone:
Address:	Mobile:
	Email:
	Yacht Club:

Please enter the above boat in the above race: 28 November 2009 ☐

A Division		**C Division**		**F Division**	

I agree to be bound by the Racing Rules of Sailing and all other rules that govern this event. I understand that yacht racing has inherent risks

and dangers that are beyond the control of the organizing authority. I understand that neither the organising authority and its officers, members and servants nor other persons assisting with the conduct of the regatta accept any responsibility in respect of any injury or loss to person or property that may be sustained by reason of participation in the regatta or howsoever arising in connection with the regatta.
I agree to the use of my photograph(s) and other relevant information in any event publicity and in the ongoing promotion of New Zealand yachting. I agree to the Organising Authority and Yachting New Zealand holding the above information for the general administration and wellbeing of the sport, and for them to retain, use and disclose the information to affiliated organisations and any other persons or organisations that Yachting New Zealand believes will further the interests and objectives of Yachting New Zealand. I acknowledge my right to access to and correction of this information. The consent is given in accordance with the Privacy Act 1993.

Skipper/Owner Signature	Date

Sailpass Entry ☐ **Single Race Entry RYC Members: $15.00** **Other Clubs: $25.00**

Direct Credit: **02-0100-0835080-00** Reference: **Flap Martinengo** & **Boat Name**

Amount Paid:

CASH ☐ CHEQUE ☐ EFTPOS ☐ VISA ☐ MCARD ☐

Name On Card	
Expiry Date	_____/_____

Signed By Customer	