# ENTRY FORM - BURTON WEEK AT BRIGHTLINGSEA

SATURDAY 20th AUGUST - TUESDAY 23rd AUGUST 2016

SAIL NUMBER	BOAT NAME
HELM	CREW
CLUB	EMAIL
Entry details: your names & boat details may be post If you do not want certain information to be publishe	
I wish to enter for the following: (please tick approp	riate box/s)
WHOLE EVENT OR FOR THE FOLLOWING DAYS	Saturday Sunday Monday Tuesday
I wish to enter for the following subsidiary trophies (	Tick as required)
Double Floor without foil Admirals Cup	Shotgun Trophy Money Cup
Corrigan Cup * Arrows Troph	y Canter Trophy Grand Masters
Clinker Trophy Coronation Co	up Gill Super Crew Joe Yorke Trophy
Tubs Trophy	
* Qualification for a junior helm is: that they must be b	orn on or after 21 <sup>st</sup> August 1995.

**<u>RECEIPT OF ENTRIES</u>** - Entries must be received at the Secretary's address <u>before 16<sup>th</sup> August 2016</u>. After that date entries may be accepted at Brightlingsea Sailing Club during the periods of registration described in the Notice of Race, at the Race Committee's discretion.

Acknowledgement of Entries - Entries received by 16<sup>th</sup> August will be acknowledged by email. Sailing instructions etc. will be available on registration at the Race Office at Brightlingsea S. C.

## Entries to: MRS JANET BLOOR WOODMAN'S LODGE, 52D SHAW LANE, HOLBROOK, DERBYS. DE56 OTG

	LATE ENTRY FEES		DISCOUNTED EARLY ENTRY if received by 3RD JULY 2016		
	Whole Event	(Day Rate)	Whole E	vent	( <u>Day Rate</u> )
Standard Entrants	£125.00	(£38.00)	£100.	.00	(£30.00)
Younger Helms (Younger Helms must be born o	<b>£65.00</b> n or after 21 <sup>st</sup> August 199	(£18.00) 93)	£50.	00	(£16.00)
Whole Event(Day RateStandard Entrants£125.00£125.00			£		
		RENTRY	No of tickets	£	
				£	

Please make cheques payable to "National Twelve Owners' Association".

### PLEASE COMPLETE ALL THE FOLLOWING DECLARATIONS WHERE APPLICABLE.

#### **EVENT DECLARATIONS**

Please enter National Twelve No \_\_\_\_\_\_ for this event. The entry of the above boat is conditional on the owner/competitor racing the boat accepting these terms:

I agree to be bound by The Racing Rules of Sailing, and the bye-laws of Brightlingsea S.C. In particular I have read Paragraph 17 & 18 of the Notice of Race.

I understand that if the boat is in the charge of any person other than the undersigned, it is the responsibility of the undersigned to bring to the attention of the person in charge their responsibilities listed in the provision of this entry, the Notice of Race and the Sailing Instructions.

I understand RRS Fundamental Rule 4: The responsibility for a boat's decision to participate in a race or to continue racing.

I declare that during the event I will hold a valid and current third party insurance cover of at least £2 million. I declare that I hold a valid measurement certificate with a current signed buoyancy endorsement for the above boat. I agree to keep Brightlingsea Sailing Club and its officers indemnified against all or any third party claims that may arise in connection with my boat and/or the users thereof.

## **EVENT DECLARATION SIGNATURES**

Signed	_ Date	
Name	Telephone	
Address		
If the above helm is under 18 years of age the organizers are not responsible at any time when parent/guardian.		•

Signed	Date	_ e-mail
Name	Telephor	ne
Address		

## MEDICAL DECLARATIONS AND EMERGENCY CONTACT DETAILS

VOLUNTARY MEDICAL INFORMATION, for your safety, in the event of an accident, and retained for the duration of the event only.

HELM Any Medical conditions	
Emergency Contact Name	_Telephone
Address	
CREW Any Medical conditions	
Emergency Contact Name	_Telephone
Address	

## PARENTAL CONSENT DECLARATION - FOR NATIONAL TWELVE SAILORS UNDER 18 YEARS OF AGE

Sailor Name:			
Home Address:			
Date of birth:		Age:	
National 12 Sail No		I	
•		Iming may take place which may be this please indicate on this form.	
he/she is sailing in the National Tw contacted on:	elve Championships from 20 <sup>th</sup> Aug	licate which applies) be present at Brightlingsea Sailing Club wh gust to 23 <sup>rd</sup> August 2016. In the event of any incident I can be telephone number	nen
	rgency I authorise the organisers	s to take whatever action is necessary to ensure the health and sa	afety
Signed	(Parent/guardian)	Name (please print) Date Date	
In my absence the person assumin present on site at Brightlingsea Sail		y incident or illness will bewho <u>will</u> ist 2016 and can be contacted on:	l be