AVALON SAILING CLUB
VISITOR YACHT RACING ENTRY FORM 2016-17

Boat name:		Sail No.:
Owners name:		Boat Type:
Helmsperson:	Vistor's Club:	Club Allocated Handicap:

INDIVIDUAL RACE ENTRY

Race(s):	No. races:	Entry fee: $25 (incl GST) per race

RACE SERIES ENTRY

	(tick for entry)	Helmsperson (if different to above):	Series entry fee (incl GST)
AVALON SERIES			$100
BLUE WATER SHIELD			$75
WINTER SERIES			$50
QUARTET BOWL			$75
KOOLONG SERIES			$75
RETRIEVER SERIES			$75

CATEGORY 7 SAFETY REQUIREMENTS

Yachts shall comply with the safety requirements of Category 7 of the Yachting Australia Special Regulations, Part 1 for Racing Yachts and any additional requirements of Avalon Sailing Club.

OWNER REMAINS COMPLETELY RESPONSIBLE FOR BOAT & CREW

The owner and or skipper of the boat, remains completely responsible for the safety of the boat and crew and in consideration of accepting this application to participate in the above events, releases the Club and those organising the events from all claims, demands, proceedings, action and damage in any way arising directly or indirectly from the event or the conduct thereof by the Club and further covenant with the Club not to make any claims or demands or commence any proceedings or actions in respect of any death, injury, loss or any other damage arising directly or indirectly from the event or the conduct thereof.

OWNERS DECLARATION

Owners Declaration:

I have read and understood my obligation as set out in the ISAF 'Racing Rules of Sailing 2013-2016', the YA special regulations Part 1 and the 'Avalon Sailing Club Sailing Instructions 2016-17 Season', in particular Section 1 - Responsibility. My boat is covered with comprehensive yacht racing insurance, adequate Public Liability & Third Party Property Insurance to the sum of at least $10 million. I undertake to maintain the boat and all its equipment in good order and condition as specified in the Rules and the Sailing Instructions. My boat holds a current safety requirement audit certificate that meets the Category 7 safety requirements.

Owner's name (print name):	**Signature:**
	Date:

PAYMENT DETAILS

By EFT Account name: Avalon Sailing Club BSB: 032-095 Account number: 130225 Reference: *boat name*

By Credit Card Card number: Expiry:

Card name: CCV: Amount $

EMAIL DETAILS (Treasurer and Handicapper)

Please send a scanned copy of this form to treasurer@avalonsailingclub.com.au and to mjhickling@optusnet.com.au