Boat Name ……………………………………………………………………………………………………………………………

Skipper ………………………………………………………………………………………………………………………………………

Contact Number……………………………………………………………………………………………………………………………..

Observer………………………………………………………………………………………………………………………………………………..

Contact Number……………………………………………………………………………………………………………………………………

Course Sailed?……………INSHORE approx 10NM / OFFSHORE approx 25NM (delete one) (The Skipper & crew will not refer to time pieces or any other means of timing in between the Start and Finish Lines).

1. Actual Time Recorded by Observer Crossing the Start Line

_________ Hours __________ Minutes __________ Seconds

2. Actual Time Recorded by Observer Crossing The Finish Line

_________ Hours __________ Minutes __________ Seconds

Actual Cruising Speed ____________ RPM Port/Stbd*

*Twin screw vessels may wish to state one engine Port/Stbd RPM & Engines balanced. Y/N

3. Number of Sailing Instruction or Rule Infringements : __________________

To be signed by the Observer & Skipper:

Signed: …………………………………….. Signed: ……………………………………..

Name: …………………………………….. Name: ……………………………………..

This form to be handed to the Organising Committee or notified by VHF or Telephone as soon as possible after completing the passage with a dead line of one hour after finishing.