

MOCRA NATIONAL CHAMPIONSHIPS 2019

YACHT NAME:

SAIL NUMBER:

BOAT TYPE:

MOCRA RATING:

TITLE: Mr/ Mrs/ Miss/ Dr/ Ms

SURNAME:

FRST NAME:

EMAIL:

ADDRESS:

HOME TEL. No:

MOBILE:

SHORE CONTACT

RELATIONSHIP

TELEPHONE:

YOUR SHORE CONTACT SHALL HAVE THE CONTACT DETAILS OF THE DESIGNATED NEXT OF KIN OF EACH OF THE CREW IN CASE OF EMERGENCY

DECLARATION

The Information I have provided is complete and accurate.

I agree to be bound by the notice of Race, Sailing Instructions and the Racing Rules of Sailing.

I agree to sail in accordance with the RYA Racing Charter

I agree to my details and any photographs being used by the club for publicity purposes

SIGNED:

DATE:

PAYMENT CAN BE MADE BY VISA OR MASTERCARD

CARD NO:

START DATE:

EXPIRY DATE:

SECURITY CODE (3 DIGITS)