

PORT STEPHENS SAILING AND AQUATIC CLUB Inc.

REGATTA ENTRY FORM
Summer/Winter Regatta, 20.....
(Please print clearly in Block Letters)

BOAT NAME:.....

CLASS/TYPE:.....

SAIL NUMBER:.....

CLUB:.....

SKIPPERS NAME:.....

CREW NAME/S:.....

HOME ADDRESS:.....

.....

E-MAIL ADDRESS

CONTACT DURING REGATTA (Mobile # preferred): Do **NOT** leave blank

.....

Name of local accommodation company if any

I agree to be bound by the Racing Rules of Sailing and all other rules and Sailing Instructions that govern this event.

Signed:.....

Date:.....

Please return, with cheque for \$50.00, to:
The Race Secretary
Port Stephens Sailing and Aquatic Club Inc.
PO Box 176, Nelson Bay NSW 2315

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