

**PORT STEPHENS SAILING AND AQUATIC CLUB Inc.**

**REGATTA ENTRY FORM**

**FOR Summer/Winter Regatta 20.....**

(Please print clearly in Block Letters)

BOAT NAME:.....

CLASS/TYPE:.....

SAIL NUMBER:.....

CLUB:.....

SKIPPERS NAME:.....

CREW NAME/S:.....

HOME ADDRESS:.....

.....

CONTACT DURING REGATTA (Mobile # is preferred):

.....

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 \$40.00, to:

The Race Secretary  
Port Stephens Sailing and Aquatic Club Inc.  
PO Box 176  
Nelson Bay NSW 2315