



## REGISTRATION FORM EASTER REGATTA 20<sup>th</sup>, 21<sup>st</sup> and 22<sup>nd</sup> of April 2019

Helm:				
name, surname				
date of birth				
E-mail				
GSM/Mobile				
Crew:			M/F	
name, surname				
date of birth				
E-mail				
Boat:				
Country code and sail number				
Date of buoyancy-test				
Diner 21st of April	Adults/friends		Sailors/brothers/sisters	
Amount of people				
Agreement: I (helm + crew) confirm that all the infection Rules of Sailing) and responsibility. I a aware of the Racing Rules of Sailing of event. I agree to pictures being taken be published in the race results, print	lso confirm that my the Worlds sailing for promotional us and online.	boat is insured in o (ISAF) and all other e by DCCA and KWS	case of damage to others. Also I am regulations that apply to this	
Date + signature helm:			Date + signature parent (or other authorised adult) helm:	

Please, send this form with with a copy of your measurement certificate before Wednesday 10<sup>th</sup> of April 2019 to pieter@groenewegdigitaal.nl