

CALVES WEEK

30TH JULY - 7TH AUGUST

2011

CALVES WEEK ENTRY FORM

SCHULL HARBOUR SAILING CLUB



Yacht Name _____ Sail Number _____

Boat Model _____ Hull Colour _____

Handicap: IRC Y / N ECHO Y / N

OWNER / HELMSMAN DETAILS

Surname _____ Forename _____

Address 1 _____

Address 2 _____

City _____ Country _____

Home Tel _____ Mobile _____

E-Mail _____

Sailing Club _____

ENTRY FEE AND PAYMENT:

Calves Week Series..... _____ Euro

Schull Regatta Only..... _____ Euro

I enclose my cheque / bank draft for ... _____ Euro

**Entries to be posted to
Schull Harbour Sailing Club, C/O The Post Office, Schull, Co. Cork.
by July 1st 2011.**

I confirm that I am a current member of a category one yacht club and that I am over 18 years of age.
As a condition of my entry being accepted, I agree that the safety of the above yacht and her crew is at my sole and exclusive risk and in particular acknowledge that it is my sole responsibility to decide whether to start or to continue to race. I voluntarily assume the risks associated with taking part in the event and I agree to indemnify the organizers, their servants or agents against any claim arising out of my yacht's entry in this series.
I confirm that the above yacht is adequately insured for third party claims.
I wish to enter the above named yacht in the series and I agree to be bound by the Rules of the event.

By submitting this form you confirm that you have adequate insurance in place

Signature: _____