



South African International Dart Association

SEM 04 2009 Rev 04 22/10/09
Sanctioned 25 February 2010



fax
e mail
website

**57309, Springfield
2137, South Africa
+27 11683 4258
+0866 320 314
erica.roux@chartisinsurance.com
www.dart18.co.za**

DART 18 SINGLE HANDED NATIONALS 2010 ENTRY FORM

The Regatta Secretary
P O Box 57309
Springfield
E-mail: erica.roux@chartisinsurance.com
Fax : 0866 320 314

Account Name:	SA INT DART ASSOCIATION
Bank	:NEDBANK
Branch	:198005
Account No	:1980360723
Type	:CURRENT

In terms of the published Notice of Race for the above event, please enter the following yacht in the above National Class Championship event.

PLEASE PRINT CLEARLY

Yacht Details

Name: Class: Category:

Sail Registration Number:

Reg. / Measurement Certificate: No: Issued By: Date:.....
(Enclose copy with Entry Form)

Registered Owner: Class Member: Yes / No

Name of Helmsman: SAS Membership No:

Contact Tel No: E-mail address:

Date of Birth (if under 21): Club of which a member:

Name of Crew....: SAS Membership No:

Date of Birth (if under 21): Club of which a member:

In cases of entries with additional crew, a separate listing of all individual's details should be forwarded with this form.

I am a member in good standing of the Class Association.

I enclose my Entry Fee as detailed in the Notice of Race for R..... . ***This Entry form along with a copy of the deposit slip and Measurement Certificate are to be faxed to the above fax number to confirm entry formalities!***

I declare, by my signature, that:-

No alterations that could affect the Measurement / Registration Certificate have been made since the certificate was issued. I agree to be bound by the ISAF Racing Rules 2009-12, the ISAF Equipment Rules of Sailing 2009-12, the SA Sailing Requirements for National Championships, the Notice of Race, the Sailing Instructions and the relevant Rules of the Class Association and that the information provided in this entry form is to the best of our knowledge correct. I am competent to handle a yacht in adverse conditions. I confirm that I am fully aware of SA Sailing and Class Rules and Regulations governing the

wearing and / or carrying of safety equipment in the yacht and that the yacht entered, complies with the minimum buoyancy requirements.
I agree that competitors sail entirely at their own risk and agree that none of the organizations or persons concerned in the running of the Championships accepts liability for damages or injury suffered at any time during the period of, or as a result of the Championships.

Signed: Owner / Skipper (Parent or Guardian if a minor) Date:

Address:

Telephone: Fax: Mobile:

E-mail address (Please print clearly):

PLEASE NOTE: INCOMPLETE FORMS WILL NOT BE ACCEPTED

For Office Use:

Date Received: Class: Date Captured: