



South African International Dart Association



PO Box 57391 Springfield 2137 South Africa
+27 071 673 2997 / 011 667 7858



Fax

0102 510 303

E mail

levinsharmaine@gmail.com

Website

www.dart18.co.za

16

ENTRY FORM

DART 18 SAS KZN REGIONAL CHAMPIONSHIPS 2017

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

Club of which a member: _____

Name of Helmsman: _____ SAS Membership No: _____

Contact Tel No: _____ E-mail address: _____

Date of Birth (if under 19): _____ Club of which a member: _____

Name of Crew Memeber: _____ SAS Membership No: _____

Contact Tel No: _____ E-mail address: _____

Date of Birth (if under 19): _____ 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 Dart 18 Class Association.



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I enclose my Entry Fee as detailed in the Notice of Race for R550 (senior) R450 (junior)

This Entry form along with a copy of the deposit slip and Measurement Certificate are to be faxed to the fax number 031 307 2590, attention Dart KZN Regional Champs Regatta Secretary, to confirm entry formalities!

I declare, by my signature, that:

- *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.*
- *I agree to be bound by the World Sailing Racing Rules 2017-2020, the WS Equipment Rules of Sailing 2017-2020, the Requirements for SASKZN Regional Championships, the Notice of Race, the Sailing Instructions and the Rules of the Dart 18 Class Association.*
- *No alterations that could affect the Measurement / Registration Certificate have been made since the certificate was issued.*
- *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 SAS 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.*

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

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: _____

Please pay entry into the following account and fax proof of payment with entry to sails@wol.co.za

Royal Natal Yacht Club – Standard Bank – Account No. 050924435 – Branch Code: 040026



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