



Steering  
the Course  
Women's Sailing  
Festival



## Stadt 23 Ladies Championships 2022 ENTRY FORM

The Regatta Secretary

### THEEWATER SPORTS CLUB

P O BOX 76  
Villiersdorp 6848  
WESTERN CAPE  
info@theewater.co.za

Account Name	:	Theewater Sports Club
Bank	:	ABSA
Account Number	:	4084563616
Type of Account	:	Current

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

### PLEASE PRINT CLEARLY

#### Yacht Details

Name: \_\_\_\_\_ Class: Stadt 23

Sail Number: \_\_\_\_\_

Owner: \_\_\_\_\_

Name of Helmswoman: \_\_\_\_\_

Contact Tel No: \_\_\_\_\_ E-mail address: \_\_\_\_\_

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 enclose my Entry Fee as detailed in the Notice of Race for R.....

***This Entry form along with a copy of the deposit slip to be emailed to watersports@theewater.co.za to confirm entry formalities!***

**I declare, by my signature, that:**



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*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 2021-24, the ISAF Equipment Rules of Sailing 2021-2024, the South African Sailing (SAS) 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 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.*

*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: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail address (Please print clearly): \_\_\_\_\_

**PLEASE NOTE: INCOMPLETE FORMS WILL NOT BE ACCEPTED**

**For Office Use:**

Date Received: \_\_\_\_\_ Class: \_\_\_\_\_ Date Captured: \_\_\_\_\_