

**Club Racing / Dinghy Park 2016**

**Helm and Crew must be a current paid up member of the Club**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Helm Name | | | | | | | | Date of Birth | | | | |
| Last sailing level achieved | | | | | | | | Date | | | | |
|  | | | | | | | |  | | | | |
| I WILL BRING MY BOAT TO THE CLUB ON | | |  | | | REMOVING IT ON DATE | | | |  | | |
| **Optimist** | **420** | **Laser 4.7** | | **Radial** | **Full Rig** | | **RS Feva** | | **Topper** | | | **Other** |
| Single hander entry and Dinghy Parking from April 2016 | | | | | | October 31st2016 | | | | | €100 | |
| Double hander entry and Dinghy Parking from April 2016 | | | | | | October 31st 2016 | | | | | €150 | |

***Dinghy Parking outside of this period is covered under specific events or Training Groups if your boat is stored without permission you will be charged €15 per day up to a total of €250. Storage is available by prior arrangement.***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sail Number Prefix |  | Number | |  | |
| Boat owner Name if different from Helm |  | | | | |
| Crew Member Name |  | | Date of Birth | |  |
| Last sailing level achieved |  | | Date | |  |
| **Please tick if you will be attending:** |  | |  | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Series** | **Day** | **Dates (Provisional)** |  |
| Spring Series | Sundays | 10th 17th 24th April-1st 8th 15th May |  |
| June Series | Sundays | 22nd 29th May – 5th 26th June |  |
| Summer League | Thursdays | 2nd June – 25th August |  |
| Claremont Super League | Sundays | 4th, 11th, 25th Sept , 2nd 9th October |  |
| Regatta Fleet | Thursdays | 2nd June – 25th August |  |

***IDENTIFICATION OF RISKS: I am fully aware and conscious of the actual and potential risks involved in active watersports, including drowning, hypothermia, and other physical injuries. I accept that, by engaging in active watersports, my physical safety could be endangered.***

Signature ( Parent/Guardian for under 18 years old)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please find enclosed Cheque / Cash In the amount of : €**

**Please debit my American Express / Mastercard / VISA / Laser**

**Card No. |\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|**

**Expiry Date |\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_| CCV No. |\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**