



NATIONAL FIREFLY CLASS

64TH CRAFTINSURE NATIONAL CHAMPIONSHIP

Saturday 14 August – Friday 20 August 2010

ENTRY FORM

Please print clearly

Name of Helm:	Date of Birth of Helm:
Address:	Boat No:
	Sail No if different:
Post Code:	Boat Name:
Email Address:	NFA Membership No:
Home Tel No:	Sailing Club:
Work Tel No:	Mobile Tel No:

Name of Crew:	Date of Birth of Crew:
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I am eligible to compete for the following trophies. Please tick or complete the appropriate boxes to qualify for the trophy.

Veterans/Geriatric (Helm over 40 on .01.01.10)	<input type="checkbox"/>	The Ultimate (Enter combined age of helm and crew as of 14.08.10) All competitors to complete	<input type="checkbox"/>
Insurance Trophy (Helm under 21 on 01.01.10)	<input type="checkbox"/>	Eden (Best improver – enter final position at Hamble 2009)	<input type="checkbox"/>
Restronguet Ovaloid (Helm under 18 on 01.01.10)	<input type="checkbox"/>	Deben Ladies (Helmswoman)	<input type="checkbox"/>

Please enter my boat for the 64th Craftinsure National Firefly Championship. I agree to be bound by the Racing Rules of Sailing and all other Rules that govern the championship. In particular I have read paragraphs 12 and 13 of the Notice of Race and confirm that I agree to their provisions and that my boat will conform to their requirements throughout the championship.

Signature of Helm: Date:

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A parent or guardian for any competitor who is under the age of 18 at the time of the championship must complete the following.

Helm

Under law, this helm is my dependent, and I accept paragraph 11 of the Notice of Race, which excludes my dependent's right to claim compensation in certain circumstances. I declare that during the championship the boat will have valid and current third party insurance of at least £2m. I confirm that my dependent is competent to take part and that I am responsible for my dependent throughout the championship. During the time my dependent is afloat I will be in or around Tenby Sailing Club or I will inform the Race Officer in writing who is acting in loco parentis during my absence.

Name: Telephone No: (Day)

Address:..... Telephone No: (Evening)

..... Telephone No: (Mobile)

Signature: Date:

Crew

Under law, this crew is my dependent, and I accept paragraph 12 of the Notice of Race, which excludes my dependent's right to claim compensation in certain circumstances. I declare that during the championship the boat will have valid and current third party insurance of at least £2m. I confirm that my dependent is competent to take part and that I am responsible for my dependent throughout the championship. During the time my dependent is afloat I will be in or around Tenby Sailing Club or I will inform the Race Officer in writing who is acting in loco parentis during my absence.

Name: Telephone No: (Day)

Address:..... Telephone No: (Evening)

..... Telephone No: (Mobile)

Signature: Date:

Entry Fees: Entries received by Saturday 31 July 2010** - £160
Entries from Sunday 01 August 2010 onwards - £190
** Helms under 22 years (on 1st January 2010 qualify for a discounted rate (£80 reduction) up to Saturday 31 July 2010 (thereafter £190)

This entry form, fully completed, should be returned, together with the entry fee, (payable to Tenby Sailing Club) to the Alistair Mackay, Championship Entries, Sheerwater, 4 St Julian Terrace, Tenby, Pembs SA70 7BL