

Form to be completed, scanned and returned to flyingfifteenschonamara@gmail.com



Cumann Badóireachta agus Seoltóireachta An Cheathrú Rua, Co.na Gaillimhe

**Flying Fifteens Chonamara
Western Championships 2023**

ENTRY FORM

Sruthán Pier, Carraroe, Galway, H91CFC8

Saturday 6th May & Sunday 7th May

	Helm	Crew
Name		
Address		
Club		
Email		
Contact Number		
Boat Number		
Sail Number (on day)		
Spinnaker colour		

I wish to enter the above named boat in the Flying Fifteens Western Championships 2023. **I agree** to be bound by the Racing Rules of Sailing, and all other rules that govern this event. **I accept** full responsibility for the management and safety of the boat noted above and I also accept that neither the Organising Authority, Ros A Mhíl Fishery Harbour Centre, the Race Committee, their members and their representatives shall accept any liability for material damage or personal injury or death sustained in conjunction with or prior to, during, or after the regatta.

I declare that I hold a valid and current Certificate of Insurance with adequate third party cover, which includes cover while racing

Yes ___ No ___

I enclose my payment Yes___ No ___

HELM SIGNATURE: _____

DATE: _____

CREW SIGNATURE: _____

DATE: _____

N.B. For entrants under 18 years on the date of the race, this form and the declaration above must also be signed by a responsible adult, parent, or guardian

	Signature	Mobile Phone Number
Name Responsible Adult		
Date:		

There is an additional cost of €20.00 per person for a meal on Saturday evening if you wish to attend but must be paid in advance

Yes___ I will attend the meal

No___ I won't be attending the meal

Entries payable to flying fifteen Chonamara:

Please make payment when returning the form

Please reference boat number/ owner on payment

Iban: IE45AIBK93740133540061

SORT CODE: 93-74-01

ACCOUNT NUMBER : 33540061

Email: flyingfifteenschonamara@gmail.com Contact Mike Hopkins on 087 6472500