

St. Wilfrid's Hospice Coastal Yacht Challenge



Saturday 08 October 2016



ENTRY FORM

Boat name _____ Sail No. _____
(The number and/or insignia on your mainsail!)

Name of competitor _____ Approx no. of crew (excl skipper) _____

Waterline length _____

Yacht Type _____ Length overall _____

VHF radio Yes/No _____

Insurance Yes/No _____ Auxiliary engine Yes/No _____

Club * _____

I agree to be bound by the ISCC sailing instructions and the final instructions for this event and enclose a cheque for £20 made out to ST WILFRID'S HOSPICE in payment of non refundable entry fee.

I have read the ISCC disclaimer and accept the conditions of entry.

Signed _____ ^{Print} Name _____ Date _____

Address _____

Post Code _____ e-mail _____

Telephone number _____ Mobile _____

* If you are a member of more than one club, please nominate the club to which you would like your sponsorship points attributed for calculating the award of the 'Tempus Fugit' trophy.

Please send your completed entry form to:

Patrick Doyle, Macros, Longlands Rd, East Wittering, West Sussex, PO20 8DD

Phone 01243 673442

Email info@sail4stwilfrids.com