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A.S.D. Circolo Velico Marsala

Regatta Entry Form

HELMSMAN

Last Name		First Name(s)		Sail #
Address: Street			City	
Post/Zip Code		Country		
E-Mail			Tel	
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of Birth (DD/MM/YY)		

CREW

Last Name		First Name(s)		Sail #
Address: Street			City	
Post/Zip Code		Country		
E-Mail			Tel	
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of Birth (DD/MM/YY)		

Registrar Now, Pay Later – Full payment is required by 31 July 2007

European Championship Euro 300 Until 31 July 2007 Euro 350 from August 1 2007

Bank Transfer All bank charges must be paid by you

Pay to: A.S.D. CIRCOLO VELICO MARSALA
Bank: CREDITO EMILANO SPA - Via XI Maggio – 91025 MARSALA (TP)
IBAN: IT15 S030 3225 9000 1000 0050 553
CIN: S ABI: 03032 CAB: 25900 C/C. n°: 010 0000 50553
Bank Code: BACRIT22MRS

AGREEMENT

I will pay all bank charges. I enclose a copy of the bank transfer/draft details for reference. I agree to be governed by the ISAF Racing Rules, the relevant Class Rules, the Notice of Race and the Sailing Instruction and I accept the penalties assessed under these rules and such other action as may be taken hereunder, subject to such appeal and review procedures as are provided herein, as the final determination of any matter arising under these rules and I agree not to report to any court or tribunal not provided here in with respect to such determination.
I accept that under FRRS Fundamental Rule 4, it is my sole responsibility to decide whether or not to start or to continue to race or compete, and I agree not to any court or tribunal with respect to such a decision and its consequences.

Signature

Date

Send Regatta Entry Form to:
Associazione Sportiva Dilettantistica
CIRCOLO VELICO MARSALA
Via Vito Falco n. 5 – 91025 MARSALA (TP) – ITALY – TEL/FAX: + 39 0923.713864
e-mail: info@circolovelicomarsala.com