

APPLICATION FOR YACHT REGISTRATION SEASON 2016 – 2017

Please complete and return this application. Indicate if the owner is Skipper or Crew. If owner is neither, complete owner's details below. **(Please Print)**

I HEREBY APPLY FOR YACHT REGISTRATION FOR SEASON 2016/2017.

Class _____ Sail No. _____

Boat Name _____

Skipper Name _____

Address _____ Post Code _____

Home Phone No. _____ Bus. Phone No. _____

No.1 _____ No.2 _____

Crew Name _____ Crew Name _____

Address _____ Address _____

Sub _____ Post Code _____ Sub _____ Post Code _____

Contact Phone No. _____ Contact Phone No. _____

Signature of Skipper _____ Date _____

OWNER IF NOT SET AS ABOVE

Owner _____ Skipper Crew

Address _____ Post Code _____

Home Phone No. _____ Bus. Phone No. _____

YACHT SAFETY DECLARATION (MUST BE COMPLETED AND SIGNED BEFORE REGISTRATION CAN BE ACCEPTED.)

YACHT _____ IN CLASS _____

BELONGING TO _____ IS EQUIPPED TO
COMPLY TO Y.A. SAFETY REGULATIONS

SIGNATURE _____ DATE _____

INSURANCE DETAILS: A MINIMUM COVER TO INCLUDE \$5m THIRD PARTY LIABILITY IS RECOMMENDED

INSURANCE COMPANY _____

POLICY NO _____ POLICY EXPIRY DATE _____