

Port Stephens Yacht Club Ltd
SERIES ENTRY FORM
Season 2018 - 2019

YACHT

Yacht Name:							
Yacht Class:			Sail No:				
Hull Colour:			Trim Colour:				
Length:		RMS Reg. No.:		Mooring Location:			
Third Party Insurance Company:				Policy Number:		Third Party Amount	\$

OWNER(S)

Owner Name:							YA #
Co-Owner :							YA #
Address:							
Suburb/Town:						Postcode:	
Crew Name:	PSYC#			Crew Name:	PSYC#		
Crew Name:	PSYC#			Crew Name:	PSYC#		
Crew Name:	PSYC#			Crew Name:	PSYC#		
Crew Name:	PSYC#			Crew Name:	PSYC#		

ENTRY: I WISH TO ENTER THE FOLLOWING SERIES IN 2018 - 2019. (Tick box for **YES**)
(Please consider carefully if you really intend to participate in each Series as the number of yachts that say 'YES' becomes the default number of points for any yachts that do not race on a given day)

Race Series

Race Series

Spring Pointscore Division 1 (8 Races)		Spring Pointscore Division 2 (8 Races)	
Summer Pointscore Division 1 (8 Races)		Summer Pointscore Division 2 (8 Races)	
Club Championship Division 1 (Spring & Summer 16 Races)		Championship Division 2 (Spring & Summer 16 Races)	
Wednesday Long Course (13 Spring, 13 Summer, 13 Autumn, 13 Winter)		Wednesday Short Course (13 Spring, 13 Summer, 13 Autumn, 13 Winter)	
Winter Pointscore (9+/- Races)		Sternchaser Series (5 Races)	
Christmas Series (3 Races)		Sprint Day Races (3 or 4 races x 2 days)	
Offshore Island or Alternate Inshore Pointscore Races (each a 3 Race Series)		PSYC Anniversary Teams Regatta	
Marathon (1) Race		Commodores Trophy (8 Races x 4 Days)	

DECLARATION: I agree to be bound by the YA Racing Rules of Sailing 2017-20, as amended by PSYC Sailing Instructions. I acknowledge that Fundamental Rule 4 – Decision to Race places the sole responsibility for deciding whether or not to start or to continue racing on the skipper of the yacht.

I declare that my yacht will at all times whilst racing be adequately covered by Third Party Liability Insurance. I also declare that my yacht will at all times, whilst racing, comply with YA Racing Rules of Sailing 2017-2020, Special Regulations, Addendum A,

Mark applicable Category: Category 3 Category 4 Category 5 Category 6 Category 7

A copy of my Insurance Certificate of Currency is attached.

NAME(S): (print)

SIGNATURE(S):

Date: / / 2018
