



Minnow Sailing Association
Western Australia



MINNOW STATE CHAMPIONSHIPS 2019 – REGISTRATION FORM

SATURDAY 2ND – MONDAY 4TH March 2019

All entrants in the championship participate at their own risk and responsibility. Neither the Minnow Association of WA nor The Cruising Yacht Club of WA (Inc.) is responsible for the seaworthiness of a yacht whose entry is accepted, nor for the sufficiency or adequacy of its equipment. The Minnow Association of WA reserves the right to refuse an entry. Each participating boat shall be insured with a valid third-party liability insurance with a minimum cover of AUD\$10,000,000.

| | | | |
|---|--|--------------|---|
| REG SAIL NO | | NAME OF BOAT | |
| HULL COLOUR | | YACHT CLUB | |
| SKIPPER NAME | | | DOB |
| NOMINATE FOR (Please Circle) | OPEN / NOVICE | | AGE ON 2/03/2019 |
| PLEASE NOTE | Any Minnow Sailor competing in their first State Minnow Championship will be considered for inclusion in Novice Division. Refer Novice Fleet Guidelines in NOR. | | SEASON OF SAILING MINNOWS (Please Circle) 1 ST / 2 ND / Over 2 |
| ALLERGIES AND / OR MEDICAL CONDITIONS (attach Action Plan if required) | | | |
| PARENT / GUARDIAN NAME | | | |
| ADDRESS | | | |
| PHONE NO's (land line and/or mobile) | | | |
| EMAIL | | | |

I agree to be bound by the current racing rules of the ISAF, by the prescriptions and safety regulations of the AYF, by the Notice of Race, the Sailing Instructions, the Class Rules and the Code of Conduct.
The boat is properly registered with the recognised yacht club and holds a current measurement certificate.

SIGNED (SKIPPER) _____ DATE: _____

SIGNED (PARENT/GUARDIAN) _____ DATE: _____

| PAYMENT DETAILS | |
|---|--|
| Nomination \$100 | |
| Functions Payment – include additional form | |
| | |
| TOTAL PAID | |

| EARLY PAYMENT IS APPRECIATED |
|---|
| Please Circle: Cheque / EFT |
| EFT: Minnow Association of WA BSB: 016-441 Account: 2596-66602 |
| Please use sail No's and surname as EFT reference. |

Please return both forms (Registration & Functions) to Minnow Association of WA via either:

| | | | |
|---------------|---|------------------|----------------------------|
| Email: | Minnowswa@gmail.com Attention: MAWA Treasurer | In Person | TO Michael or Nicole Jones |
|---------------|---|------------------|----------------------------|



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FUNCTIONS ORDER

| | | | |
|-------------|--|----------------|--|
| FAMILY NAME | | SAIL NO / NO'S | |
|-------------|--|----------------|--|

| FUNCTION | DATE | SAILORS | ADULTS | ADDITIONAL CHILDREN |
|---|--------------|-----------|--------|---------------------|
| Lunch Hamburger with Chips <ul style="list-style-type: none">Sailors - NO CHARGEAdults/Children - \$8 each | Saturday 2nd | Free | | |
| Welcome Night Dinner Pasta Buffet <ul style="list-style-type: none">Sailors - NO CHARGEAdults - \$18 eachAdditional Child - \$12 each | Saturday 2nd | Free | | |
| Lunch Chicken and salad or Ham and Salad Rolls <ul style="list-style-type: none">Sailors - NO CHARGEAdults/Children - \$6.00 each | Sunday 3rd | Free | | |
| Dinner Roast Buffet <ul style="list-style-type: none">Sailors - NO CHARGEAdults - \$25 eachAdditional Child - \$12 | Sunday 3rd | Free | | |
| Nationals Presentation Lunch Roast Beef and Gravy Roll with chips <ul style="list-style-type: none">Sailors - NO CHARGEAdults/Children - \$6 each | Monday 4th | Free | | |
| TOTAL FUNCTIONS AMOUNT PAID | | \$ | | |