

# 2016 COCKBURN SOUND REGATTA

27<sup>th</sup> December to 28<sup>th</sup> December 2016

## Nomination Form - Kiteboards

The Cruising Yacht Club of Western Australia Inc  
2 Val Street, Rockingham WA 6168  
PO Box 5185 Rockingham Beach WA 6969  
Phone: 9527 5468  
admin@tcyc.com.au



All nominations and payments must be received by The Cruising Yacht Club (WA)  
by the 15<sup>th</sup> December 2016  
**Fees shall be \$120.00 for the two days of the regatta.**

### Billing/Contact

First Name *		Last Name *	
Skippers Name *		YA Silver Card No. *	
Street (Number & Name) *		Town *	
State *	Postcode *	Country	
Phone *	Mobile *	Email *	
Emergency Contact Name		Emergency Contact Number	
Expected Number of Crew (for catering)			

### Kite

Kite Name *		Home Kite Club *	
Make/Model (Please be specific) *		Foil	Kite Number *
Radio *	N/A	Draft (m) *	N/A
LOA (m) *		Displacement (Tonnes) *	
Mooring required? *	No	From Date	To Date

### Division – See Notice of Race for description

Division 1	Division 2	Division 3
Premier Cruising	Jib and Main (JAM)	Multihull
Classic	Sports Boat	
Off the Beach Boats	Kiteboard	

### Races

Nominate for the Entire Regatta	Two Days
Kwinana Industries Council Race to Rockingham (26 <sup>th</sup> December – No additional Fee)	No

### Complete Nomination

As the authorised person, I certify that prior to and during the 2015 Cockburn Sound Regatta (CSR), the registered vessel will have valid third party liability insurance with a minimum cover of \$10 million for any one incident as required by the CSR and The Cruising Yacht Club (TCYC).

I agree also to the terms and conditions listed in the CSR Notice of Race and acknowledge that the CSR and TCYC will not be liable to pay for any loss, damage or injury to any property or person that may be incurred by me, the crew or the registered boat during the 2015 Regatta.

By signing I agree to the above terms and conditions.

Signature *	Date *
-------------	--------

### Payment Amount \$120.00. – Please select one method

<b>By Credit Card</b>		Yes or No
Type of Card	Name on Card	
Credit Card Number		
Expiry Date	CVV (Card Verification Value)	
<b>Or Direct Debit</b>		Yes or No
BSB	036-060	Account Number
000023	Reference	Yacht Name
<b>Or Cheque</b>		Yes or No

Cheques made payable to The Cruising Yacht Club