

CONQUER THE SEAS – QLD YOUTH CHAMPIONSHIPS 2011



ENTRY FORM

PLEASE PRINT

Sail No. : _____
Boat Name : _____
Class of Boat: _____
Skipper YA No. : _____
Crew YA No. : _____

NAME (Skipper):					DOB :	
ADDRESS:						
					PCODE:	
PHONE:	(H)	(W)	(Mbl)	FAX:		
EMAIL:						
HOME CLUB - Skipper:				Crew:		
NAME (Crew):					DOB :	
ADDRESS:						
					PCODE:	
PHONE:	(H)	(W)	(Mbl)	FAX:		
EMAIL:						

I agree to be bound by the RRS and all other rules which govern this event. I accept that it is a condition of entry that the owner of each vessel and its Skipper and Crew shall indemnify jointly and severally the Keppel Bay Sailing Club, the Sponsors, Management and Employees against all claims, demands and liabilities on account of any and all injuries, losses and damage to persons or property caused or arising from participation in the Regatta.

As the parent/guardian of the abovenamed entrant, I hereby consent to his/her participation in this event on the terms and conditions as outlined in the Notice of Race.

SIGNED: _____ DATE: _____
(Skipper's Parent/Guardian)

SIGNED: _____ DATE: _____
(Crew's Parent/Guardian)

PRIVACY POLICY

The Keppel Bay Sailing Club Inc. is committed to the privacy of your personal information supplied on this form under the Queensland Club Industry Privacy Code. The Club will use the information to process your application and to provide its facilities and services to you. The Club may use your personal information for marketing purposes, which may include sending you promotional materials and offers from the Club and reputable third parties associated with the Club. You may access, update and amend your personal information at any time upon a written request. Your personal information may be disclosed for sporting purposes. Please contact our Privacy Officer on 4939 9538 if you have any questions regarding the Privacy Code.

Please tick here if you do **NOT** wish to receive any promotional materials or offers.

ENTRY FEE: \$75 per boat

No Entry Will Be Accepted Unless Full Payment Is Enclosed
And All Indemnities Have Been Completed

Forward to:
Sailing Department
Keppel Bay Sailing Club Inc.
PO Box 32
YEPPOON QLD 4703

For more information contact:
Regatta Office on 07 4939 9535



PAYMENT FORM

\$75 AND \$50 LATE FEE IF PAID AFTER MONDAY 5 SEPTEMBER 2011

PAYMENT TYPE:

- Cheque Cash (amount enclosed) : \$ _____
- Credit Card (please fill in details below) Other : _____

AUTHORITY TO CHARGE CREDIT CARD

PLEASE PRINT

NAME ON CARD :	
TYPE OF CARD :	VISA / MASTERCARD / AMEX / BANKCARD
CARD NO. :	___ / ___ / ___ / ___
EXPIRY DATE :	___ / ___
AMOUNT :	\$
FAX NO. TO FAX RECEIPT	()

I, _____, hereby authorise the Keppel Bay Sailing Club Inc. to charge my credit card as per the above details.

SIGNED: _____ DATE: _____

Please Fax to (07) 4939 9555. If you have any further queries, please contact Administration on (07) 4939 9543.

OFFICE USE ONLY	
Date:	/ / 2011
Amount:	\$
Rec. No.:	
Initial:	

Forward to:
Sailing Department
Keppel Bay Sailing Club Inc.
PO Box 32
YEPPOON QLD 4703
For more information contact:
Regatta Office on 07 4939 9535