

Mandurah Offshore Fishing and Sailing Club Inc

2019 WINTER SERIES ENTRY & INDEMNITY FORM

115 Breakwater Parade PO Box 219 Mandurah WA 6210 P 9535 6251 F 9535 8979 wba@mofsc.com.au www.mofsc.com.au

CLASS	/DIVISION e.g. Laser	4.7:		SAIL NUMBER:	
	BOAT NAME:				
Helm	Surname	First Name		MOFSC Member No.	YA Card No.
Address					
Phone Nos	Mobile	Home		Email	
Emergency Contact	Name			Phone No.	
Medical Information	(Any existing life-threatening conditions)				
Crew 1	Surname	First Name	First Name		YA Card No.
Address					
Phone Nos	Mobile	Home		Email	
Emergency Contact	Name			Phone No.	
Medical Information	(Any existing life-threatening conditions)				
Crew 2	Surname	First Name	First Name		YA Card No.
Address					
Phone Nos	Mobile	Home	Email		
Emergency Contact	Name	I	1	Phone No.	
Medical Information	(Any existing life-threatening conditions)				
ENTRY DEC	CLARATION & INDEM	NITY			

- I, -----certify that all the information on this entry form is true and that:
 - I agree to be bound by the current racing rules of sailing and by all other rules that govern the series and we acknowledge that rule 4 (RRS)-Decision to Race places the sole responsibility for deciding to participate in a race or to continue racing is the competitors alone.
 - I agree to indemnify the Organising Authority, its associates and appointees from accepting any responsibility for material damage or personal injury or death or inconvenience sustained in conjunction with or prior to, during or after the season.
 - I confirm that the boat is covered by insurance for third party risks for \$5million minimum (\$10 million recommended) including racing risk extension.

Mandurah Offshore Fishing & Sailing Club may from time to time take photographs during events for promotional material, newsletters and the web site.

• I agree that my image may be used for such purposes. □

OR

I do NOT agree that my image may be used for such purposes. □

SIGNATURES

Helm		Parent or Guardian (if under the age of 18)		
Print Name:		Print Name:		
Signature:		Signature:		
Date:		Date:		
Crew 1		Parent or Guardian (if under the age of 18)		
Print Name:		Print Name:		
Signature:		Signature:		
Date:		Date:		
Crew 2		Parent or Guardian (if under the age of 18)		
Print Name:		Print Name:		
Signature:		Signature:		
Date:		Date:		

	Schedule of Events				
Day	Date	Event	Type	Start	Cat
Sunday	19 May	Junior & OTB Winter Series – 2 races (Pacer Cup)	Ch	10:00	OTB
Sunday	9 June	Junior & OTB Winter Series – 2 races	Ch	10:00	OTB
Sunday	23 June	Junior & OTB Winter Series – 2 races (Pacer Cup)	Ch	10:00	OTB
Sunday	7 July	Junior & OTB Winter Series – 2 races	Ch	10:00	OTB
Sunday	21 July	Junior & OTB Winter Series – 2 races (Pacer Cup)	Ch	10:00	OTB
Sunday	4 August	Junior & OTB Winter Series – 2 races	Ch	10:00	OTB
Sunday	18 August	(Re-sail date if required)	Ch	10:00	OTB

ENTRY FEE:		□ \$10 Per Race □ \$50 For Series		
Please submit completed entry forms to MANDURAH OFFSHORE FISHING & SAILING CLUB				
•Email: reception@n	nofsc	.com.au ●Fax to: 08 9535 8979 ●PO Box 219, Mandurah WA 6210		
Payment can be mad	de by			
Cheque		Amount: \$		
OR				
Cash		Amount: \$		
OR				
Direct Credit		Amount: \$		
(Mandurah Offshore Fishing and Sailing Club BSB 306-072, A/C 0450430. Please quote Sail No as reference eg AUS111).				
OR				
Please debit my	Visa	☐ MasterCard Amount: \$		

CREDIT CARD PAYMENT				
Member N°:	Member Name:			
Card Holders Name:		Card Type: 🗆 Mastercard 🗆 Visa		
Card N°:		_ Expiry Date:/		
Authorisation N°:	//	Amount Paid: \$		
Tel N°:				
Notes:				