Busan Super Cup

International Yacht Race 2015

ENTRY FORM

E-mail . sailingbusan@gmail.com

Fax . +82-(0)51-746-1793

Busan Super Cup

International Yacht Race 2015

Entry Form

Departure Venue & Country
Arrival Date
/

BOAT

Name			**Sail No.**	
Class	☐ **ORC**	☐ **OPEN**	**Length(ft.)**	
Company			**Width(ft.)**	
Model			**Weight(ton)**	

SKIPPER

Name		**Date of Birth**	
Address		**Tel.**	
E-mail		**Club**	

CREW

Name	Date of birth	Contact	e-mail	Club

I vow to follow ISAF Racing Rules of Sailing, ORC/IRC regulation, class rules, special regulations of Race Committee and Sailing Instruction.

2015. . .

Skipper **(Signature)**

DECLARATION

Name :

ID(Passport) No. :

Contact No. or E-mail :

Address :

By my signature I agree to be bound by the Racing Rules of Sailing and by all other rules that govern this event.

I also agree that the Organizing Authority, Presenting ,Sponsor and affiliated companies, and other sponsors will not accept any liability for material damage or personal injury or death sustained in conjunction with or prior to, during or after the regatta.

2015. . .

Name **(Signature)**