|  |  |  |
| --- | --- | --- |
|  | nnnnnnnnnnnnnnnnnnnnnnnnnnnnnnnnnnnnnnn  CLUB RACING  ENTRY FORM  Season 2025  Statement of Yacht & Competitor info  Declaration of insurance cover |  |

Neyland Yacht Club Pembroke Haven Yacht Club

|  |  |
| --- | --- |
| EVENT (State universal all-season entry or individual Race, or Series) | All season Series  **Ra** |
| BOAT NAME |  |
| BOAT TYPE |  |
| Byron James NUMBER (base/no spinnaker) |  |
| RYA YTC rating |  |
| SAIL NUMBER |  |
| HULL COLOUR |  |
|  |  |
| NAME |  |
| ADDRESS |  |
| CLUB |  |
| PHONE NUMBER /MOBILE NUMBER |  |
| EMAIL |  |
| Name of Insurance Company: |  |
| Policy No: |  |
| Start Date/End Date |  |

**INSURANCE & LIABILITY**

**I understand that it is the competitor’s sole responsibility whether or not to start, or to continue in, any race.**

**The Clubs accept no responsibility or liability for loss of life or injury to members, or others, or for the loss of or damage to, any vessel**.

**I confirm that this boat is insured for racing against a third party liability of at least £2 million.**

**I the under signed hereby give Pembroke Haven Yacht Club and Neyland Yacht Club the right to check with my insurance company, that the details I have supplied are correct. I will also update the club(s) of any changes in this information.**

**SIGNED (Owner/Entrant)…………………………………………DATE :**

**Please submit this form to Club Racing officer/Race Deck**

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**FOR COMMITTEE USE ONLY**

|  |  |
| --- | --- |
| ENTRANCE FEE PAID (If applicable) | **nnnnnnnnnnnnnnnnnnnnnnnnnnn** |
| ENTERED INTO SAILWAVE |  |
| VALID BJ NUMBER |  |
| PROOF OF CORRECT INSURANCE COVER |  |