

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 | All season Series |
|--|-------------------|
| individual Race, or Series) | |
| 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

FOR COMMITTEE USE ONLY

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