



ISLAND SAILING CLUB & EAST COWES SAILING CLUB

AUTUMN SERIES ENTRY FORM 2011



A Series of 5 races on Sunday mornings starting September 11th

Return to: The Sailing Secretary, Island Sailing Club, 70 High St. Cowes, IOW, PO31 7RE
 Fax: 01983 293214 Office: 01983 296621 Direct: 01983 249431 chris@islandsc.org.uk www.islandsc.org.uk

Boat Name		Full Sail Number (Inc all letters)	
Make and Model		Year built	

Owner / Helm's Name	
Postal address	

Your Sailing / Yacht Club	Postcode	Country	
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Onboard Mobile No	
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Home Telephone No	Email Please print	
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CLASS - Please indicate the class you are entering

<input type="checkbox"/>	ONE DESIGNS ISC Sonar – Laser SB3 – FF – etc. Please read NOR & SI's 2.1	LEVEL RATED		Office use – Check?	
<input type="checkbox"/>	ISCRS (ISC RATING SYSTEM) Please read NOR & SI's 2.3	ENTER TCF		Office use – Check?	
<input type="checkbox"/>	Tick if your sail data was provided in the last 2 years & remains the same			State event & year	

NEW RATINGS - COMPLETE RATING FORM AVAILABLE AT www.islandsc.org.uk AND RETURN WITH THIS ENTRY FORM

Boats maybe issued with a temporary rating, to be used initially until completed ISCRS forms have been received and processed. At that point the temporary rating will be over written and earlier results recalculated.

IRC RESULTS WILL BE DISPLAYED FOR INTEREST ONLY – It is the responsibility of the Entrant to supply IRC rating details on this form

INDIVIDUAL RACE OR SERIES ENTRY – Please complete section A or B		ENTRY FEE FOR ISC & ECSC MEMBERS	ENTRY FEE FOR NON MEMBERS
A - Whole series	ALL 5 RACES	<input type="checkbox"/> £25.00	<input type="checkbox"/> £35.00
B – Individual races	Individual Races – Please specify dates below	<input type="checkbox"/> £7.50	<input type="checkbox"/> £10.00
	Individual Race dates:		

ENTRY DECLARATION	I enclose a cheque payable to the Island Sailing club, or authorise my card to be debited with my entry fee and agree to be bound by the Racing Rules of Sailing and by all other rules that govern these events. I undertake to sail in compliance with the RYA Racing Charter, and declare that I hold valid and current insurance which adequately covers me for third party claims of at least £2,000,000 sterling whilst racing.
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Name (Print)	
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Signature		Date	
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PAYMENT AMT:	TYPE:	RCVD ON DATE:	RUNNING LIST:	HALS:
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PAYMENT – Please charge my card with the amounts shown. For card security, this section will be removed & destroyed after processing

Credit / Debit Card No		Expiry date	
Security no. from reverse (Last 3)	Issue no. if applicable	Start date	
Postcode where the card lives	House number where card lives		