



ISLAND SAILING CLUB

INSHORE SERIES ENTRY FORM 2010**Christchurch Bay, Solent and Nab Tower Races (Inc IRC Solent Series race 5)**

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

Owner / Helm's Name					
Crew Names (If known)					
Postal address					
Your Sailing / Yacht Club		Postcode		Country	
Telephone No		Email Please print			

VESSEL DETAILS

BOAT NAME		FULL SAIL NUMBER	
MAKE / MODEL			

CLASS - Please indicate the class you are entering

<input type="checkbox"/>	IRC	ENTER TCF		Office use – Check?	
<input type="checkbox"/>	ISC RATING SYSTEM (ISCRS)	ENTER TCF		Office use – Check?	
<input type="checkbox"/>	LASER SB3	LEVEL RATED		n/a	
<input type="checkbox"/>	TICK IF YOUR SAIL DATA WAS PROVIDED BEFORE & REMAINS UNCHANGED			State event & year	

NEW RATINGS - COMPLETE RATING FORM AVAILABLE AT www.islandsc.org.uk AND RETURN WITH THIS ENTRY FORM**INDIVIDUAL RACE OR SERIES ENTRY – Please complete section A or B**

		ISC MEMBER ENTRY FEE		NON ISC MEMBER ENTRY FEE	
A - Whole series	ALL 3 RACES	<input type="checkbox"/>	£60	<input type="checkbox"/>	£75
	CHRISTCHURCH BAY – 9 th MAY	<input type="checkbox"/>	£25	<input type="checkbox"/>	£30
B – Individual races	ISC SOLENT RACE – 18 th JULY	<input type="checkbox"/>	£25	<input type="checkbox"/>	£30
	NAB TOWER RACE – 11 th SEPT	<input type="checkbox"/>	£25	<input type="checkbox"/>	£30

FINN TROPHY TICK HERE IF YOU ARE A MEMBER OF LLOYDS YC, STOCK / BALTIC EXCHANGE, & RACING FOR THIS TROPHY**SAILING INSTRUCTIONS** will be available at www.islandsc.org.uk/iscinshore.aspx Please email them to me Please post them to me**ENTRY DECLARATION**I enclose my entry fee and agree to be bound by the current **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.

Name (Please print)			
Signature		Date	

PAYMENT: TYPE: RCVD ON DATE: ON RUNNING LIST: ENTERED ON HALS:

**PAYMENT** – Please charge my card with the amount shown. For card security, this section will be removed & destroyed after processing

Credit / Debit Card No		Start date	
Security no. from reverse (Last 3)		Issue no. if applicable	
		Expires on	