



# WHITSTABLE YACHT CLUB

Founded 1902

Affiliated R.Y.A.

Office Tel: 01227 272942

Website: [www.wyc.org.uk](http://www.wyc.org.uk)

3-4 SEA WALL  
WHITSTABLE  
KENT CT5 1BX

## WANDERER AND LASER STRATOS WEEKEND 9<sup>TH</sup>/10<sup>TH</sup> SEPT. 2006 ENTRY FORM (USE BLOCK CAPITALS)

CLASS.....SAIL NO.....BOAT NAME:.....

I agree to be bound by the Racing Rules of Sailing, by RYA prescriptions, by the relevant Class Rules and the WYC Sailing Instructions for the event.

I am a member of the Wanderer/Stratos Class Association. Yes/No (delete one).

INSURANCE: Participants in both racing and cruising events must hold a valid and current certificate of insurance for their boat, with third party liability cover for a minimum of £2 000 000.

**N.B. Personal buoyancy must be worn by all competitors when racing at Whitstable Y.C.**

SIGNATURE: ..... DATE .....

HELMSMAN: .....CREW: .....

ADDRESS: .....

CLUB: .....

- I intend to take part in the cruise on Saturday 9<sup>th</sup> Sept. Yes/No
- I intend to take part in the racing on Sunday 10<sup>th</sup> Sept. Yes/No
- Please book places for ...adult(s) and ... child(ren) for the evening meal on Saturday 9<sup>th</sup> Sept, including .....vegetarian.

ENTRY FEES AND MEAL COST		£
• Full weekend of cruising and racing.	£20.00 per boat	.....
• Cruising programme only, Saturday 9 <sup>th</sup> Sept.	£ 5.00 per boat	.....
• Racing programme only, Sunday 10 <sup>th</sup> Sept.	£15.00 per boat	.....
• Evening meal on Saturday.	£11.00 per adult x .....	.....
	£ 6.50 per child x .....	.....
<b>Total:</b> (Please enclose cheque payable to Whitstable Yacht Club)		£_____

**Please return completed entry form and cheque to: Whitstable Yacht Club, 3-4 Sea Wall, Whitstable, Kent CT5 1BX.**

**For WYC use only**

FEE PAID \_\_\_\_\_(CASH / CHEQUE / OTHER). RECEIPT NO. \_\_\_\_\_