 

ENTRY FORM to the «34th INT. IONIAN SAILING WEEK » REGATTA

**To the Secretariat of : IOK.**

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| **PLEASE ENTER THE BOAT:** | |
| **CLUB** | **34th International Ionian sailing week** |

**BOAT NATIONALITY CHARACHTERISTICS**

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| **FLAG:** | **PORT OF REGISTRATION:** |
| **NATIONALITY LETTERS & SAIL NUMBER:** | |

**BOAT & RIG DATA**

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| **MANUFACTURER TYPE:** | **BUILD YEAR:** |
| **BOAT COLOUR:** | **DECK COLOUR:** |
| **SIDE COLOUR:** | **RIG TYPE:** |

**RATING CERTIFICATE DETAILS ( ATTACHED )**

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| **Νο** | **ISSUE DATE** | **ISSUING AUTHORITY** |
| **INITIAL RATING** | | **CLASS** |

**VHF**

**AVAILABLE CHANNELS**

**VHF DISTINCTIVE**

**PERSONS IN CHARGE LEGAL STATEMENT**

1. I declare that I accept the regulations and conditions specified in the notice of race and sail instructions, will take part in the race with my sole responsibility and I accept that the organizing club and any committee involved with the race has no responsibility for any accident or damage that could happen to my boat, to persons or things, in the sea or in land, during the race.
2. I further declare that the above-named boat is equipped in accordance with the requirements of the ISAF Offshore Sailing Regulations 2012 for races of category 3, and displays advertisements during the race for which I attach a copy of the license from my national authority, does not display any advertisements.
3. I certify that the copies of the certificate and the inventory pages attached, are valid and have not being changed for any reason or withdrawn until today.
4. I declare that I will comply with the relevant provisions of the Hellenic General Port Regulations No20 and No 23 as amended and in force, that the described shipping documents and supplies are in force and on board, and that I will comply to the international maritime safety regulations.
5. I declare that my boat has insurance policy that includes a third party liability coverage during the participation in official sailing races, as required by the relevant directive of the Hellenic Sailing Federation/ Offshore Committee.

**Date:……………………………………… Persons in Charge Signature**

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| **PERSONS IN CHARGE NAME** |
| **CLUB ADDRESS** |
| **MOBILE PHONE NUMBER E-MAIL ADDRESS** |

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| ΗΜΕΡΟΜΗΝΙΑ: |  |

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| CREW LIST | | | | | | | | | |
| BOAT: | | | | | Sail Number: | | |
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| **Α/Α** | |  | | | **SAILOR ID NUMBER** | | **CLUB** |
| 1 | | sjipper : | | |  | |  |
|  | | crew: | | |  | |  |
| 2 | |  | | |  | |  |
| 3 | |  | | |  | |  |
| 4 | |  | | |  | |  |
| 5 | |  | | |  | |  |
| 6 | |  | | |  | |  |
| 7 | |  | | |  | |  |
| 8 | |  | | |  | |  |
| 9 | |  | | |  | |  |
| 10 | |  | | |  | |  |
| 11 | |  | | |  | |  |
| 12 | |  | | |  | |  |
| 13 | |  | | |  | |  |
| 14 | |  | | |  | |  |
| 15 | |  | | |  | |  |

For races category 3 ή 4 , according to WS OSR, two (2) of the above written crewmembers are certified that can act according to the article 6.05.3 («*.At least two crewmembers shall be familiar with First Aid procedures, hypothermia, drowning, cardio-pulmonary resuscitation, and relevant communications systems.*»

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| Crewmember (1) familiar with the procedures of WS OSR 6.05.3: |  |
| Crewmember (2) familiar with the procedures of WS OSR 6.05.3: |  |

SKIPPERS NAME AND SURNAME :

SIGNATURE

THE FOLLOW SHALL BE COMPLETED BY THE ORGAZING AUTHORITY

Η Κατάσταση Πληρώματος παραλήφθηκε από τον/την:

ΟΝΟΜΑΤEΠΩΝΥΜΟ:

ΙΔΙΟΤΗΤΑ:

ΤΟΠΟΣ:

ΗΜΕΡΟΜΗΝΙΑ: ΩΡΑ: