

2004 IFDS Single-Person Dinghy World Championships

Blairgowrie Yacht Squadron, Melbourne Australia
January 13 – 22, 2004



ENTRY FORM

Please print clearly

Competitor Details

<i>Administration only</i>	
Fleet	Sail number
Competitor's given name	Competitor's surname
ISAF sailor number (If applicable)	AYF member number (Australian competitors)
Date of birth (dd/mm/yy) / /	Male / Female (Circle one)
Street	
City	State / Province
Country	Postcode / Zip Code
Telephone <i>(Include country & area codes)</i>	
Fax <i>(Include country & area codes)</i>	
E-mail	
Home yacht club	Sail No. <i>(Independent entrants only)</i>
Best placing at World Championship	Class Year
Disability	
Vision impaired? Yes / No (Circle one)	Hearing impaired? Yes / No (Circle one)
Wheelchair type (If applicable)	Manual / Electric (Circle one)
Other mobility aid (If applicable)	Walking frame / Crutch(es) / Other (Circle one)
Ability to transfer to and from boat:	Independent / Need assistance / Need however, (Circle one)
Customised seat insert required?	Yes / No (Circle one)
Helm control:	Servo / Non-servo (Circle one)
Mainsheet control:	Servo / Non-servo (Circle one)
Jibsheet control:	Servo / Non-servo (Circle one)
Type of servo control switch required:	None / Hand / Chin / Foot / Sip & Puff (Circle one)
I will bring my own servo control switch:	Yes / No (Circle one) <i>If yes email chris@accessdinghy.org</i>
Competitor's weight:	_____ kg (_____ lb)
Shirt Size	XS / S / M / L / XL / XXL / XXXL (Circle one)
Does your "Request for Additional Information" form, accompany this entry?	Yes / No (Circle one)

Classification

I hold a current international FCS passport/certificate: Yes / No *(Circle One)*.

If Yes, complete section 1 (Please bring the passport/certificate to the Championship).

If No, complete section 2.

1.

IFDS Functional Classification *(Insert number)*

Date when international classification made *(Insert date)*

Place where international classification made *(Insert place)*

2.

I understand that if I do not hold a current international FCS passport/certificate at the time of entry, I shall not be eligible to contest the Championship until declared eligible by the event Classification Committee.

(Tick to acknowledge)

I have obtained specialist advice about the likelihood of my being eligible: Yes / No *(Circle One)*

Advice suggests that I might be classified as FCS: One / Two *(Circle One)*.

I shall bring documentation relevant to my disability to the Championship, and shall submit it to the event Classification Committee: Yes / No *(Circle one)*

Fleet

Complete section 3 or 4.

3. Fleet A

I wish to sail in Fleet A. *(Tick if relevant)*

I understand that only fully servo-assisted FCS 'Ones' may sail in Fleet A. *(Tick to acknowledge)*

4. Fleet B

I wish to sail in Fleet B: *(Tick if relevant)*

I understand that both FCS 'Ones' and 'Twos' may sail in Fleet B with full, partial or no servo-assistance. *(Tick to acknowledge)*

I wish to sail with full / partial / no servo-assistance *(Circle one)*.

If partially servo-assisted, I select the following for servo electric winch operation: steering / main-sheet / jib-sheet *(Circle one or two)*

Category

Complete section 5 **or** 6.

5. RNA

I wish to enter the Championship in the RNA category *(Tick if relevant).*

I understand that

- Each RNA entrant must lease, by contract independent of this Notice of Race, a half-share in one of 20 new Libertys provided for Championship.
- Each Liberty must be equitably shared by two lessees – one in Fleet A and one in Fleet B;
- Leasing arrangements will be made in Australia after the arrival of competitors;
- Entrants will be given reasonable access to Libertys prior to competition;
- Leasing will be at nominal cost; and
- Entrants will be required to pay a refundable damage deposit.

(Tick to acknowledge)

I understand that each entrant in the RNA category must be endorsed and ranked by his/her Recognized National Authority which must be a financial member of IFDS at the time of receipt of entry (See Endorsement)

(Tick to acknowledge)

6. Independent

I wish to enter the Championship in the Independent category

(Tick if relevant).

I understand that I am not eligible to lease a half-share in one of the 20 new Libertys provided for the Championship

(Tick to acknowledge).

My nationality is

Endorsement *(for RNA entries only)*

To be completed by Recognized National Authority

Name of RNA

Fleet in which entrant seeks to compete: A / B *(Circle one)*

RNA ranking of competitor *(Indicate order of acceptance e.g. '1' if entrant has highest national priority, '2' if entrant has next highest national priority etc.)*

Signature of authorised person

Name of authorised person

Stamp/Seal of RNA

I wish to receive the Sail Melbourne Email Newsletter

(Tick if wanted)

I wish to receive special offers and information of interest from sponsors from time to time

(Tick if wanted)

DECLARATION:

I agree to be bound by the Racing Rules of the International Sailing Federation, and all other rules that govern the event. I acknowledge that ISAF Rule 4 (Decision to Race) holds me solely responsible for deciding whether or not to race or continue racing. I have read the Notice of Race for this event, and I understand the effect of clause 20 (Entry Disclaimer) *i.e.* Subject to acceptance of entry, my participation in this event is entirely at my own risk.

Signature Date

PARENT or GUARDIAN TO SIGN FOR ENTRANT UNDER 18 YEARS OF AGE:

I, *(Insert full name)*.....
Of *(Insert address)*.....
being the Parent/Legal Guardian or Custodian *(Circle one)* of
(Insert name of entrant).....,
consent to him/her participating in the Sail Melbourne International Regatta, and indemnify the organisers and officers of Sail Melbourne and the host club.

Signature Date

ENTRY FEES

Entry fees are in Australian dollars (AUD\$) and include Goods & Services Tax (GST).

1. \$275 if entry received before 1500hrs on 26th September 2003.
2. \$330 if entry received after 1500hrs on 26th September 2003 and before 1500hrs 10th October 2003.
3. \$385 if entry received after 1500hrs on 10th October 2003 and before 1500hrs 31st October 2003
4. \$440 if entry received after 1500hrs on 31st October 2003.

I understand that the entry fee does not include boat charter *(Tick to acknowledge)*

PAYMENT

Return to:
Sail Melbourne International Regatta
PO Box 83 SANDRINGHAM VICTORIA 3191 AUSTRALIA
Fax: +61 3 9598 7384
Email: info@sailmelbourne.com.au
Website: www.sailmelbourne.com.au

I choose to pay by:

Cash: \$ AUD *(Only if application submitted in person)*

Cheque: \$.....AUD *(Made payable to the Victorian Yachting Council Inc through an Australian bank)*

MasterCard / Visa / Bankcard *(Circle one)*: \$ AUD

Card Number _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Expiry Date _ _ / _ _ / _ _ *(mm/yy)*

Name on Card *(Please print clearly)*.....

Signature

