

International Flying Dutchman Class Championship Entry Form

NB: Please complete in capital letters

Boat Number

ISAF Plaque No

Helm Name

IFDCO Member No

Crew Name

IFDCO Member No

Helm: Date of Birth Height (cm) Weight (Kg)

Helm address:

.....Tel No.....

Club/association

Crew: Date of Birth Height (cm) Weight (kg)

Crew Address:.....

.....Tel No.....

Club/association

The organisers are not responsible for the loss, damage, death or personal injury, however it may have occurred, as a result of the boat taking place in racing. The organisers encompass everyone helping to run the race and the event, and include the organising authority, the race committee, the race officer, patrol boats and beachmasters. I warrant that I hold current insurance cover of €1.000.000,00 which covers me whilst racing and a valid certificate of measurement.

I confirm that both the Helm and Crew are paid up members of the IFDCO

Helm signature: _____ Date:

Please return this to:-