



South of Perth Yacht Club
Coffee Point, Applecross WA 6153
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2019

POWER YACHT SEASON
Nomination

All sections must be completed for the entry to be valid.

I wish to nominate for the following: Opening Day Sail Past Opening Day Time Trial Remainder of Season

BOAT INFORMATION

Competition No.	Boat Name:			Nominated Speed Knots
<input type="text"/>	<input type="text"/>			<input type="text"/>
Make	Model	Skipper RST No.	Marina Compliance No.	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Hull Material	Colour	Deck Colour	Dept. Transport No.	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Antifoul Colour	Superstructure Colour	Length Over All (Mtrs)	Beam (Mtrs)	Draft (Mtrs)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

OWNER / SKIPPER INFORMATION Each owner or part owner and skipper to provide information

Member No.	Name of Boat Owner/Skipper	Date of Birth	Medical Alerts	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Mobile Phone	Home Phone	Work Phone	Address/Suburb/Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email				
<input type="text"/>				
Name of Emergency Contact	Relationship	Emergency Contact No.	Australian Sailing No.	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

NAVIGATOR INFORMATION

Member No.	Name of Navigator	Date of Birth	Medical Alerts	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Mobile Phone	Home Phone	Work Phone	Address/Suburb/Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email				
<input type="text"/>				
Name of Emergency Contact	Relationship	Emergency Contact No.	Australian Sailing No.	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

RADIO EQUIPMENT

Radio Call Sign VHF HF If Yes, what frequencies

INSURANCE DETAILS

Insurer Policy No. Third Party Liability A\$ Expiry Date

SKIPPERS DECLARATION To be completed by each nominated skipper

Time Trialling is a sport that involves interacting with the uncontrollable and difficult to predict elements of nature, and therefore involves a degree of risk. Many of the risks inherent in the sport are intuitive. Without seeking to list all possibilities, the following information is brought to your attention

As Skipper and Person in Charge of the Vessel I declare;

- I have received the Notice of Race and Trialling Instructions provided by South of Perth Yacht Club (Inc), in connection with my nomination
- My attention has been drawn to the CPYC Fundamental Rule B "Responsibility" which states "It shall be the sole responsibility of each power yacht skipper to decide whether or not to start or to continue in an event.
- I consider I am competent by my knowledge and experience to Skipper the boat I understand my obligations to my crew and other competitors,
- The boat has valid insurance, including but not limited to 3rd party insurance of at least \$10,000,000 and that the policy will be kept current. A copy of the valid Insurance "Certificate of Currency" must be attached.
- The boat complies with all local maritime regulations and any alteration to the boat or its equipment that affect the validity of this will render the vessel unable to compete in any events until its compliance is reinstated.

Skipper to Sign

Navigator to Sign

OWG Use Only

Print Name

Date

Print Name

Date