



**Royal Cork Yacht Club**  
**International Mirror Class Association of Ireland**  
**Mirror Southern Championship**  
**19<sup>th</sup> – 20<sup>th</sup> July 2014**

**Entry Form**

Details Required (Block Caps)	Helm	Crew
Name		
Address		
Email Address		
Mobile Number		
Club		
Date of Birth		
Boat Name		
Sail Number		
Spinnaker Colour		
Fleet (Gold, Silver, Bronze)		
Age on Jan 1 <sup>st</sup> 2014		
Junior (16 or younger)		
Youth (18 or younger)		
Masters Over 18		

Does your measurement certificate specify weight correctors?

Yes		No	
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I agree to be bound by The Racing Rules of Sailing and by all other rules that govern this event. I certify that I am insured for third party risks of €1,500,000 per event or equivalent and that I am a member of the International Mirror Class Association of Ireland and the ISA. I agree to produce, if requested, a valid measurement certificate and IMCAI membership at registration. I have read and understand fully RRS 4 Decision to Race and accept that the organising authority, and any of their members, employees or representatives will not accept any liability for material damage or personal injury or death sustained in conjunction with or prior to, during, or after the regatta. I confirm that the boat entered complies with the International Mirror class Association of Ireland safety requirements.

Photographs may be taken for promotional purposes. I agree that photographs of me, my crew and boat may be used by the IMCAI and/or the organising authority. **If you do not wish to allow photographs to be used please tick here .....**

Signed ..... Date: .....

**I enclose the entry fee of €50 (Cheques payable to Royal Cork Yacht Club)**

**N.B. For entrants under 18 years on the date of the first race, this form and the declaration above must also be signed below by a responsible adult who must be present at the event.** Such adult may not be another competitor unless that adult is also Parent or Guardian of the entrant. This requirement applies for both Helm and Crew. Non compliance may (at the sole discretion of the IMCAI or RCYC) result in this entry not being accepted.

Responsible Adult for Helm: \_\_\_\_\_ Mobile Phone No: \_\_\_\_\_

Responsible Adult for Crew: \_\_\_\_\_ Mobile Phone No: \_\_\_\_\_

Address at Event: \_\_\_\_\_

Post to: Peter O'Donovan, O'Donovan Keyes & Co Ltd **OR Email to:** Peter@odk.ie

## ***Credit Card Authorisation***

Credit Card \_\_\_\_\_ Amount €50

Credit Card No. □□□□ □□□□ □□□□ □□□□

Expiry Date: □□ / □□

Credit Card Holder: \_\_\_\_\_

Signature: \_\_\_\_\_