



OFFSHORE SAILING RACE ENTRY FORM

30th INTERNATIONAL OFFSHORE SAILING RACE «Cyclades Regatta 2024»



To N.O.T.K. Secretariat:

PARTICIPATION DATA

Yacht:	Club:
Participation Request for «Cyclades Regatta 2024» Race, to one of the Following Classes (Note with <input checked="" type="checkbox"/>)	
PERFORMANCE: _____	SPORT: _____
NON SPINNAKER: _____	DOUBLE HANDED: _____

CHARACTERISTICS OF BOATS NATIONALITY

Flag :	Nationality Letters & Sails No:	Port of registration:
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BOAT AND RIG DATA

Model:	Manuf. Year:	Rig Type:
Yacht's Color:	Deck Color:	Hull Color:
Spinnaker Colors: 1	2	3
4	Existing VHF Channels:	

DETAILS OF THE ATTACHED RACING CERTIFICATE

No:	Issuing Date:	ORC APH ή IRC TCC :
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PERSON'S IN CHARGE LEGAL STATEMENT

- I declare that I accept the Sailing Race Rules, the Race Notice and all other regulations and provisions governing this race and I will comply with them, accept penalties and any other action imposed on me in accordance with these regulations and in accordance with the procedures provided for as a final result in any matter arising in accordance with these regulations; and I agree not to go to any court according to the resulting decisions.
- I declare that I race at my own risk and in accordance with fundamental rule 4 of the Racing Rules of Sailing, it is entirely my responsibility to decide whether or not to start or continue racing, I further accept that the Organizing Authority / Organizing Club and any Committee related to the race have no responsibility for any accidents or damages if they occur on my boat, with persons or things, at sea or on land, during the struggle, and I declare that I will not resort to any court regarding my decision and its consequences.
- In addition, I declare that the above-mentioned boat is equipped in accordance with the requirements of the current ISAF Offshore Special Regulations for races of **Category 3**.
- She displays advertisements during the race for which I attach a copy from the National Authority relevant permission. Does not display advertisements .
- I certify that the copies of the certificate and the inventory pages attached are valid, and have not been modified for withdrawn until today for any reason.
- I declare that I will comply with the relevant provisions of the Hellenic General Port Regulations No 20 and No 23 as amended and in force, that the described shipping documents and supplies are in force, updated and on board, and that I will comply to the International Maritime Safety Regulations.
- I declare that my boat has an insurance policy that includes third party liability coverage during the participation in official sailing races, as required by the relevant directive of the Hellenic Sailing Federation/Offshore Committee.
- I declare that I and my crew are aware of and fully comply with the applicable provisions of the current sports law and have valid sports cards.

Person's in Charge Name:	Signature :
Club :	
Mobile :	
E-MAIL:	Date:



CREW LIST

**30th INTERNATIONAL OFFSHORE SAILING RACE
«Cyclades Regatta 2024»**



For the Race: *“Cyclades Regatta 2024”*

BOAT: _____ **SAILS No:** _____

#		ATHLETIC CARD ID	SAILOR'S CLUB	T-Shirt Size
1	SKIPPER :			
	CREW:			
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

For WS OSR category 3 or 4 races, the following two (2) of the above crew members shall be certified as meeting the requirements referred to in article 6.05.3 (*"At least two crew members shall be familiar with First Aid, hypothermia, drowning, cardiopulmonary resuscitation & related communications systems."*)

Crew Member (1) familiar with WS OSR 6.05.3 procedures:	
Crew Member (2) familiar with WS OSR 6.05.3 procedures:	

Skippers Name: _____

SIGNATURE:

THE FOLLOWING ARE COMPLETED BY THE ORGANIZING AUTHORITY / ORGANIZING GROUP

The Entry Form/Crew List was received by:

FULL NAME: _____

PROPERTY: _____

PLACE: _____

DATE: _____ TIME: _____