



# Time Trialling & Check Pointing Registration Form 2019 Season

---

## TIME TRIALLING – SECTION 1

I \_\_\_\_\_ would like to participate in Time Trialling YES  NO

Skipper: \_\_\_\_\_

Navigator: \_\_\_\_\_

Boat Name: \_\_\_\_\_

Racing Number: \_\_\_\_\_

*Please contact the office ASAP if you do not already have a Racing number and we will allocate one to you.*

Mobile # \_\_\_\_\_

Email \_\_\_\_\_

Please pick a speed you are comfortable driving your boat between 8 and 15 knots.

The speed at which I wish to time trial is: \_\_\_\_\_ Knots

---

## CHECK POINTING – SECTION 2

I (and/or my guest) would like to assist in Check Pointing YES  NO

My (and/or my guest) names are:

\_\_\_\_\_

The dates we are available to checkpoint are:

\_\_\_\_\_

Please return form by: **5pm Friday 26 April 2019**

Email: [membership@claremontyachtclub.org.au](mailto:membership@claremontyachtclub.org.au)