

GEILSTON BAY BOAT CLUB (INC) BOAT REGISTRATION FORM 17/18

PO BOX 45 - LINDISFARNE - 7015

Please EMAIL <u>sailing@geilstonbayboatclub.com.au</u> or attach with race entry *All boat racing and using club facilities must complete this form.*

Yacht Name	Sail Number
Owner(s) Names	
Owner(s) Address	
	P/C
Phone Number Mobile	
Email:	
Insurance Company	
Policy Number Expiry	Date/
(All boats must have at least \$5 Million third party insurance, change	es must be notified to Club Secretary.)
Yacht model/class: Designer:	Year Built:
Hull colour: Deck Colour: Construction: Timber/GRP/Other	
LOA: Max Beam	m
Draft m Displacement: tonnes	Keel type: full/fin/bilge
Rig: Fractional/Masthead/ Other Spinna	ker: fractional/masthead/none
Motor: Inboardhp Propeller: fixed/foldi	ng Outboard hp
I agree to be bound by the ISAF Racing Rules of Sailing 2013/2016, Sailing Instructions and	
Club Rules as issued by the GEILSTON BAY BOAT CLUB (INC).	
Signed: Owner or Owners Representative	
(Please print name)	Date://