

## **OPEN WEEK** 2015



## **HELMSMAN DECLARATION**

NAME			COUNTR	RY	SAILNUMBER	₹
DATE OF BIRTH	CELLPHONE		CELPHO	ONE TO RELATIVES		
agree to be bound by the curre	ot DDC of ICAE	The notes of re	oo ond the	a a a ilina i	natruationa	
Boat / dinghy with another ISAF/ f so, the boat can be disqualified	IYRU number tha	an have been re		ŭ		
Sail and equipment are not allow committee.			ces withou	ıt approva	al from the r	ace
accept that results, name and p	ictures from the	races will be pu	ıblished oı	n internet	t and other	
The boat and equipment for my participation:			For Race Committee only			
PART BRAND	/TYPE	ISAF / IYRU	/ ID *	ОК	Not O	K
BOAT / DINGHY						
SAIL						
MAST						
ВОМ						
RUDDERBLADE						
CENTERBOARD						
The boat must have valid liability	insurance and a	valid measure	ment form	ı.		
Helmsmen must be a member of	the national boa	t association.				
Sample test procedure may be p	erformed during	the race days.				
PLACE, DATE AND HELSMAN SIGNA	ATURE					
For Race Office only						
Avgift	Forsikring	Måleb	rev		Sign.	