

Time Trialling & Check Pointing Registration Form 2023 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 if you do not alread	ly have a Racing number and we will allocate one to you.		
Mobile #			
Email			
The speed at which I wish to time trial is:	Knots		
I (and/or my guest) would like to assist i	in Check Pointing YES	NO	
My (and/or my guest) names are:			
The date(s) we are available to checkpoin	t are:		
Please return form by: 5pm Friday 28 Email: reception@claremontyachtclu			