GOVERNOR'S CUP 2010

Yacht name						Copies required at registration
Sail number						Completed after scrutiny
Length overall						
Design/Class						
Country of Registration					*Port*	
Owner's full name						
Contact's email					*Cell*	
Phone	*Office*		*Home*		*Fax*	
Postal address						
Insurance cover					*Cleared to start (date, by)*	
Est arrival date @ FBYC moorings						
Entry fee receipt No. (copy)		*Date*			*Safety inspection done (date, by)*	
Rating - IRC/PHRF (copy)		*Cert.*				
Fleet entered (IRC, PHRF, etc..)					*Radio inspection done (date, by)*	
Single handed (yes, no)		*Crew*	0			

	Full First name & Surname	*Sailing Qualification*	*Club card*	*Passport No.*	*Country*	*First Aid*	*Medical Ins (for Island)*
Skipper							
Navigator							
Crew 3							
Crew 4							
Crew 5							
Crew 6							
Crew 7							
Crew 8							

200 mile qualification date/passage			
Log produced(comment)			
SAMSA Safety cert. No. (copy)		*SA Ships Register No. (Copy)*	
Mode & date of return (ship(loading), sail back, sail on)			
RNC Shipping receipt (copy)		*Cradle delivered to RMS*	