

APPENDIX 1 REQUEST OF INVITATION

Please note the following application must be completed and returned to AVLL to ensure a valid application for entry into the event not later than the closing date 01 April 2019. The OA will answer your application as soon as possible by either sending an invitation or rejecting your application. If a completed entry form is not received, your team will not be eligible for entry. email: regate@avll.it

NAME OF SKIPPER			
NATIONALITY		RANKING	
DATE OF BIRTH		SAILOR ID	
ADDRESS			
MOBILE No.			
EMAIL ADDRESS			
CLUB			

NAME OF CREWS	NATIONALITY	DATE OF BIRTH
1.		
2.		
3.		

I agree to be bound to the World Sailing and Italian Sailing Federation Rules, under which jurisdiction this regatta is sailed, to the Regatta Instructions and to the class Rules.

I declare to undertake every responsibility on myself for damages to the persons and to my own or third parties things, at sea or ashore, in consequence of my participation in the regatta and to have appropriate insurance.

In order to take part to the race I also declare to have all the physical requisites, as specified in the health certificate and to sail at my own risk taking upon myself all responsibility

SIGNATURE

I declare that I paid Euro 400,00 by bank transfer (free of expense for beneficiary) and I send you a copy herewith.

Associazione Vela Lago di Ledro
CASSA RURALE ALTO GARDA FIL. LEDRO
IBAN: IT80R0801672140000012309137
SWIFT: CCRTIT2T04A

SIGNATURE
