



RNZYS NEW ZEALAND MATCH RACING CHAMPIONSHIPS

11th – 15th November 2015

Grade 3

Organising Authority

Royal New Zealand Yacht Squadron

101 Curran Street Westhaven Auckland 1011

PO Box 46 182 Herne Bay Auckland 1147

email: raceoffice@rnzys.org.nz website: www.rnzys.org.nz

EXPRESSION OF INTEREST FORM

Name of Yacht Club:

Country:

Website:

Club email address:

Name of Contact:

Position of Contact:

(ie. Skipper/Coach/Sailing Manager/Youth Programme Manager)

Postal address:

Email address:

Name of Skipper/Helm:

M/F

DOB:

Mainsheet Name:

M/F

DOB:

Trimmer Name:

M/F

DOB:

Bowman Name:

M/F

DOB:

Floater Name:

M/F

DOB:

Name of Coach/Manager:

Will the Coach/Manager be travelling with the team?

Yes / No

By signing this form and returning it to the RNZYS you accept the following:

1. You have read and understood the NOR

2. You agree that acceptance to the NZ Match Racing Championships is at the total discretion of the OA

Signed Skipper/Helm _____ Date: _____

Please return to Georgia Derrick, Royal New Zealand Yacht Squadron Sailing Office

BEFORE 30th September 2015

Email: raceoffice@rnzys.org.nz or via fax: +64 (09) 360 6802