

New South Wales 16ft Skiff Association



13FT SKIFF REGISTRATION FORM

2017-18 SEASON

CLUB: _____

DATE: _____

NAME OF SKIFF: _____

SAIL NUMBER: _____

CREW NAMES: 1. _____ (skipper)
(Full name in
BLOCK letters) Date of Birth: / /

2. _____
Date of Birth: / /

OWNER: _____

Contact address: _____

_____ Postcode: _____

Phone: _____ Email: _____
(Please print clearly)

Crew Email: 1. _____

2. _____

I certify that the skiff and its rigging and sails comply with all rules specified in the "Class Rules" of the Australian 13ft Skiff Association and that the information provided on this Registration Form is correct.

Signature of Owner: _____