



## Entry Form



### Holt Cup RN Inter-Region Team Racing Sat 23 – Sun 24 Mar 19

<b>Region/Unit</b>	
<b>Team Captain</b>	
<b>Mobile Number &amp; E-mail</b>	

<b>Team Members</b>	<b>Rank &amp; Name</b>	<b>Service Number &amp; Unit</b>	<b>Gender (M/F)</b>	<b>Sports Lottery Member (Y/N)</b>	<b>Accom Required (Y/N)</b>
Helm 1					
Crew 1					
Helm 2					
Crew 2					

On behalf of the team entered, I agree to be bound by the Racing Rules of Sailing and all other rules that govern this event. I have read paragraph 7 of the Notice of Race and confirm that I agree to its provisions and that my team will conform to its requirements throughout the event.

Signed

.....  
(Electronic signatures are acceptable)

Submit your form to [matthew.irwin740@mod.gov.uk](mailto:matthew.irwin740@mod.gov.uk)