

**WIMRA Match Racing Clinic Registration Form**  
**Umpires: Wed 13<sup>th</sup>, Thurs 14<sup>th</sup>, Sat 16<sup>th</sup> & Sun 17<sup>th</sup> Oct**  
**Sailors: Fri 15<sup>th</sup> – Sun 17<sup>th</sup> Oct**  
**Royal Cape Yacht Club**

**I am attending!**

- Umpire's Clinic  
 Sailors' Clinic

**Attendee's Details:**

|                        |  |                 |  |
|------------------------|--|-----------------|--|
| <b>First Name:</b>     |  | <b>Surname:</b> |  |
| <b>Telephone:</b>      |  | <b>Cell No:</b> |  |
| <b>Email:</b>          |  | <b>Age:</b>     |  |
| <b>Postal Address:</b> |  |                 |  |

- I require accommodation  
 I require a letter from WIMRA excusing me from my school or studies

**Emergency Contact Details:**

|                      |  |                 |  |
|----------------------|--|-----------------|--|
| <b>First Name:</b>   |  | <b>Surname:</b> |  |
| <b>Telephone :</b>   |  | <b>Cell No:</b> |  |
| <b>Relationship:</b> |  |                 |  |

**Sailing Experience (for sailors - please tick as applicable)**

- None  
 Dinghy Fleet Racing  
 Keelboat Fleet racing  
 Match Racing

Please complete form and proof of payment and email to [kirstenveenstra@telkomsa.net](mailto:kirstenveenstra@telkomsa.net) or [dominique@devonvale.co.za](mailto:dominique@devonvale.co.za) or fax to 0866 371 864

Payment Details:

Account Name: Royal Cape Yacht Club  
 Bank: First National  
 Branch: Adderley Street  
 Branch Code: 250 655  
 Account Number: 500 500 45316

**Signed:**

|              |  |              |  |
|--------------|--|--------------|--|
| <b>Name:</b> |  | <b>Date:</b> |  |
|--------------|--|--------------|--|

Parent/Guardian if under 18 years old:

**Signed:**

|              |  |              |  |
|--------------|--|--------------|--|
| <b>Name:</b> |  | <b>Date:</b> |  |
|--------------|--|--------------|--|