

**INTERNATIONAL LASER CLASS ASSOCIATION**  
**LASER EURO MASTERS SERIES 2008**  
**ENTRY FORM**

**PLEASE PRINT CLEARLY IN BLACK INK.**  
**YOU MUST FILL IN ALL THE FIELDS BELOW. THIS IS IMPORTANT FOR THE**  
**CALCULATION OF THE OVERALL SCORES AND ISAF RANKINGS**

NAME OF REGATTA .....

Please tick (✓) as appropriate:                      MALE                       FEMALE

STANDARD RIG:    Apprentice     Master     Grand Master

LASER RADIAL RIG: Apprentice     Master     Grand Master     Great Grand Master

LASER 4.7 RIG:    Apprentice     Master     Grand Master     Great Grand Master

FAMILY NAME ..... FIRST NAME .....

SAIL NUMBER INCLUDING NATIONAL LETTERS .....

ISAF NUMBER ..... BOAT COLOUR .....

If you have not got an ISAF number or have forgotten it, please visit the ISAF website at:

<http://www.sailing.org/2056.php?PHPSESSID=cbb92dda37fae98eb96b7b6049c6f15f>

ADDRESS: .....

..... COUNTRY .....

TELEPHONE: HOME ..... OFFICE .....

MOBILE ..... E-MAIL .....

FAX ..... DATE OF BIRTH.....(DD/MM/YY)

YACHT CLUB .....

**LIABILITY**

I hereby acknowledge that the host club, the host National Authority, the International Laser Class Association, their officers, members and volunteers do not accept any liability for loss of life or property, personal injury or damage to property caused by or arising out of the above Laser Masters regatta, and that I take part in the regatta entirely at my own risk.

The establishment of the Notice of Race and the Sailing Instructions in no way limits or reduces the complete and unlimited responsibilities of a competitor being solely and entirely responsible for the management of a boat he or she is sailing.

I accept sole responsibility for my decision to participate in a race or to continue racing.

I agree to be bound by the Racing Rules of the ISAF and the International Laser Class Rules as amended by the sailing instructions and the official race notices.

I am of good health and a competent sailor capable of sailing a Laser in strong winds.

I understand and accept that I am wholly and exclusively responsible for third party liability insurance on the boat that I am sailing and for my personal accident and health insurance.

I ENCLOSE FULL ENTRY FEE                       I WILL PAY FULL FEE ON ARRIVAL

SIGNED ..... DATE.....

**PLEASE SEND ENTRY FORM TO ADDRESS AS GIVEN IN NOTICE OF RACE**