

LMYC CREW REGISTER BOAT REGISTRATION FORM

In completing the details on this form I authorise the LMYC and its staff, agents and servants to disclose the information to a bona fide inquiry for which the Register has been established and I agree to comply with the LMYC Privacy Policy.

I will not disclose to any other person the details of a crew person I may receive.

A crew person undertakes not to disclose your details to any other person

BOAT NAME		CLASS OR TYPE		LENGTH IN METRES	
NUMBER OF CREW CARRIED		NUMBER OF CREW REQUIRED		POSITION ON BOAT TO BE FILLED	
		Crew Experience required None <input type="checkbox"/> Medium <input type="checkbox"/> Top <input type="checkbox"/>			
TYPE OF RACING <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> SATURDAY <input type="checkbox"/> FRIDAY TWILIGHT <input type="checkbox"/> CRUISING <input type="checkbox"/> WINTER-SUNDAY <input type="checkbox"/> OFFSHORE <input type="checkbox"/> NONSPINNAKER <input type="checkbox"/> SPINNAKER		CREW AGE REQUIREMENTS <input type="checkbox"/> 18-25 <input type="checkbox"/> 25-35 <input type="checkbox"/> 35-45 <input type="checkbox"/> 45-55 <input type="checkbox"/> OVER 55 <input type="checkbox"/> NONE		CREW WEIGHT LIMITATIONS IN KGS <input type="checkbox"/> UNDER 50 <input type="checkbox"/> 70-80 <input type="checkbox"/> 50-60 <input type="checkbox"/> 80-90 <input type="checkbox"/> 60-70 <input type="checkbox"/> 90+ <input type="checkbox"/> NONE	
BOAT REGISTER ON LMYC FLEET REGISTER <input type="checkbox"/> YES <input type="checkbox"/> NO Yacht Registration Form on web		DETAILS OF PUBLIC LIABILITY/CREW CASUALTY INSURANCE HELD			
SKIPPER'S NAME		ADDRESS			
		POST CODE			
HOME PHONE	FAX	MOBILE	WORK PHONE	E-MAIL	
YEARS OF EXPERIENCE AS A SKIPPER		LMYC MEMBERSHIP NUMBER			
		YA MEMBERSHIP NUMBER			
YA OR OTHER QUALIFICATIONS HELD (optional)		YOUR AGE GROUP <input type="checkbox"/> 18-25 <input type="checkbox"/> 25-35 <input type="checkbox"/> 35-45 <input type="checkbox"/> 45-55 <input type="checkbox"/> OVER 55			
		STATE YOUR PREFERRED METHOD OF CONTACT			
SIGN					
DATE		[LMYC OFFICE USE.DETAILS SUPPLIED TO]			

Submit this form on-line or E-mail to racing@lmyc.com.au