

**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 <i>'ANARCHIE'</i>		CLASS OR TYPE <i>ARCHAMBAULT 35</i>		LENGTH IN METRES <i>10.6</i>	
NUMBER OF CREW CARRIED <i>7</i>		NUMBER OF CREW REQUIRED <i>1-2</i> Crew Experience required None <input type="checkbox"/> Medium <input checked="" type="checkbox"/> Top <input type="checkbox"/>		POSITION ON BOAT TO BE FILLED <i>FORWARD HAND SHEET HAND</i>	
TYPE OF RACING <input checked="" type="checkbox"/> WEDNESDAY <input checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> NONE	
BOAT REGISTER ON LMYC FLEET REGISTER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Yacht Registration Form on web		DETAILS OF PUBLIC LIABILITY/CREW CASUALTY INSURANCE HELD <i>\$10 MILLION</i>			
SKIPPER'S NAME <i>PAUL HANNAN</i>		ADDRESS <i>304/2 WHARF RD TORONTO</i> POST CODE <i>2283</i>			
HOME PHONE <i>0415261266</i>	FAX	MOBILE <i>0415261266</i>	WORK PHONE	E-MAIL <i>phann7@icloud.com</i>	
YEARS OF EXPERIENCE AS A SKIPPER <i>50+</i>		LMYC MEMBERSHIP NUMBER <i>5</i> YA MEMBERSHIP NUMBER <i>11293</i>			
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 checked="" type="checkbox"/> OVER 55			
SIGN <i>Paul Hannan</i>		STATE YOUR PREFERRED METHOD OF CONTACT <i>SMS</i>			
DATE <i>6/7/24</i>		[LMYC OFFICE USE. DETAILS SUPPLIED TO]			

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