



**INTERNATIONAL RIBRAID  
Strangford Lough – 4-5<sup>th</sup> Sept**

**REGISTRATION FORM**

**SKIPPERS NAME**.....

**ADDRESS**.....

.....

**DATE(s) OF ARRIVAL** .....

**CONTACT AT HOME** .....

**EMAIL ADDRESS**.....

**MOBILE NUMBER** .....

**NAME OF YOUR BOAT** .....

**MAKE OF BOAT** ..... **SIZE** ..... **COLOUR**.....

**CALL SIGN** .....

**TOTAL NUMBER OF CREW (INCLUDING SKIPPER)** .....

**ENTRANCE FEE (PER PERSON) £25 per adult**

I, DECLARE THAT I HAVE FULL INSURANCE FOR THE BOAT AND IN THE EVENT OF AN ACCIDENT, WILL NOT HOLD THE ORGANISERS OF THE EVENT, THEIR AGENTS OR EMPLOYEES RESPONSIBLE. I FURTHER DECLARE THAT I AM COMPETENT TO PARTICIPATE IN THE EVENT.

*Signature of skipper* .....

**Please complete this form and bring to the event along with payment of £25 per adult**