



**GHOSTBUSTERS RIBRAID 2009 –
Friday 30th October – Sunday 1st November 2009**

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) £55 per adult (special pre-registration price)

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 send along with payment of £30 per adult
Killer Events, 40 Warren Road, Donaghadee, BT21 0PD E-Mail : Info@ribraid.com