



CLUBE DE VELA ATLÂNTICO

ENTRY FORM

Meeting Cidade de Matosinhos

Teams

Coach name		Phone		
Coach Boat collar		VHF	Yes	NO
	Skipper	Sail nº	Category	Federation nº
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

Coach Adress	
Hotel during event	
E-mail	

I've read the Notice of Race and agree with all regulations during this event

_____, ____ of _____ 2014

Parent or Coach signature: _____