



**CLUBE DE VELA
ATLÂNTICO**
ENTRY FORM
Meeting Matosinhos 2014

Category	A	B	C	Sail N°	-
Country				Advertising	
Boat name				Advertising Licence	

Crew

SKIPPER	Federation Licence				
Sailing Club				Date of Birth	
Nationality					

Coach name	Phone			
Coach Boat collar		VHF	Yes	NO

Complte Adress					
Hotel during event					
E-mail					

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

_____ of _____ 2014

Parent or Coach signature:
