

*Murrays Bay Sailing Club*  
**Request for Invitation to Compete**  
***OKI 24 Hour Yacht Race***  
**March 27<sup>th</sup> and 28<sup>th</sup> 2010**

Organising Authority:

**Murrays Bay Sailing Club**  
 513 Beach Road, Murrays Bay  
 PO Box 65 076, Mairangi Bay  
 North Shore

Team Member		Team Member (if there is a third team member use an additional form)	
First Name		First Name	
Surname		Surname	
ISAF Sailor's Code (if registered)		ISAF Sailor's Code (if registered)	
Gender <b>Male / Female</b>		Gender <b>Male / Female</b>	
Date of Birth                      Age on 31 <sup>st</sup> December 2010		Date of Birth                      Age on 31 <sup>st</sup> December 2010	
Nationality		Nationality	
Yacht Club		Yacht Club	
Address		Address	
-----		-----	
Email		Email	
Phone - Work	Phone - Home	Phone - Work	Phone - Home
Phone - Mobile	Fax	Phone - Mobile	Fax
Has a Sponsor nominated this to team sail their yacht?		<b>Yes / No</b>	
If Yes name of Sponsor.			

Entry Fee \$30 per team member

Paid Yes/No

Please send entry form with fee to MBSC,  
 PO Box 65 076, Mairangi Bay, North Shore  
 Email: [joannacobb@xtra.co.nz](mailto:joannacobb@xtra.co.nz) to enter

I agree to be bound by the Racing Rules of Sailing and all other rules that govern this event. I understand that yacht racing has inherent risks and dangers that are beyond the control of the organizing authority. I understand that neither the organising authority and its officers, members and servants nor other persons assisting with the conduct of the regatta accept any responsibility in respect of any injury or loss to person or property that may be sustained by reason of participation in the regatta or howsoever arising in connection with the regatta.

I agree to the use of my photograph(s) and other relevant information in any event publicity and in the ongoing promotion of New Zealand yachting. I agree to the Organising Authority holding the above information for the general administration and well-being of the sport, and for them to retain, use and disclose the information to affiliated organisations and any other persons or organisations that the Organising Authority believes will further their interests and objectives. I acknowledge my right to access to and correction of this information. The consent is given in accordance with the Privacy Act 1993.

<b>Team Member's Signature</b>	<b>Other Team Member's Signature</b>
Date	Date

Office Use			
Entry Fee Paid	Cash / Cheque / Eftpos	Date	Comment