## OFFICIAL ENTRY FORM BLUE EVENTS

## **International Star Class**

Yacht Racing Association

May 3 and 4, 2014 MILES RIVER YAC	CHT CLUB	3. SAIL NUMBERIndicate national letter code and	d sail number.
		4. YACHT IDENTITY and CERTIFICATION	
1. <b>SKIPPER:</b> Name	Age	Yacht Number	
Address		Yacht Name	
-	Country	Owner Name	
Phone	Fax	(only if different from skipper)	
E-mail		Country	
		Telephone-Home	
		Telephone-Business	
		Fax	
ISCYRA Members	ship: ☐ Life ☐ Active ☐ Isolated (Ref. STCR 29.6)	Fleet	
Highest Honour Award of Skipper			
		Yacht has approved <b>Measurement Certificate</b> or	
		file in the Central Office?	□ Yes □ No
CREW: Name		Yacht has valid Yacht Weight Certificate on	- · · ·
Address		file in the Central Office?	□ Yes □ No
	Country	5. CREW WEIGHT:	
Telephone		o. GREW WEIGHT.	
E-mail		SKIPPER	
		CREW"	
6. CERTIFICATION		est of my knowledge and that Skipper and Crew comply wi	
	Racing Association Rules and by all other rules that		
A. THE SKIP		Class and has been since the beginning of his fleet qualific n enrolled as an Active member in any other fleet for two m	
B. THE CRE	W: 1. Is a current <u>paid</u> member of the Class as of the	nis date (dues must be in Central Office).	
SKIPPER		FLEET SECRETARY	
2:		(Circultura)	
Signature)		(Signature)	
Date)	(Title)	(Date) (Title)	
7. Send One Copy	y to:	8. Send One Copy to Regatta Organizer:	
Andrew Parish		Marshall Patterson	
andrewbparish@gmail.com		Marshall.patterson@gmail.com	
Quails Crossing 24760 Rays Point Road		Miles River Yacht Club PO Box 158	
	St Michaels, MD 21663	St Michaels, MD 21663	
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		DEADLINE: April 26, 2014	