



2024 QCYC VINTAGE REGATTA CREW REGISTER

BOAT NAME:				DATE:	
PLEASE MARK WITH AN ASTERICK CREW UNDER 18 YEARS OF AGE					
SKIPPER/CREW NAME	ADDRESS	YOUR MOBILE #	NEXT OF KIN	NOK MOBILE #	EMAIL #

*This document forms part of our QCYC Sailing Safety Plan and must be completed each race day.
Details will be kept private and confidential and not used outside of normal regulatory requirements related to QCYC Sail Racing.

Please complete and send image to Race Control 1 hour prior to race #: 0498 256 428

Boat Skippers are responsible for submitting this form each day prior to racing.