



FELPHAM SAILING CLUB
INTERMEDIATE RACE COACHING/REGATTA
24TH, 25TH, 26TH AUGUST
ENTRY FORM



Parent / Guardian Contact Details	
Name	
Address	
Email address	
Phone no.	

Sailor / Boat Information	
Helm/Crew Name	
Boat Class	
Club	

Medical Declaration – please let us know of any medical conditions and/or allergies that the child has, and provide details of any medication

Parent or guardian's signature	
Signed.....	Date.....

I enclose a cheque made payable to 'Felpham Sailing Club' for £_____.

Please send once completed to:

Callum Aldous
 Felpham Sailing Club
 Blakes Road
 Felpham
 West Sussex
 PO22 7EE

It would be helpful if you could give details of your current sailing/racing experience on the reverse of this form, along with the name of your helm/crew if sailing a double handed dinghy.
 Please also email callumaldous@gmail.com if there are any areas you would like to work on during the race coaching.