Welsh Laser Championship

New Quay Yacht Club

Laser (Tick one only) **Standard** ☐ **Radial** ☐ **4.7** ☐

Full Name Mr/Mrs/Ms……..

Date of Birth……. Age……. Tel:

Address……..

……..

email:

Next of kin name and contact number……..

……..

Medical conditions (e.g. Asthma, Diabetes etc). If none write none. (Failure to disclose medical conditions absolves organisers of any personal or corporate liability)

……

SHIRT SIZE S M L XL

Dietary requirements …….

Signature (Parent/guardian if applicant is under 18 years old)

……**Date……**

Return to

Dr Peter Thomas
1 Queen Street
New Quay
Ceredigion
SA45 9PY

Cheque to New Quay Yacht Club: **£40 before 16th May**
£45 after

Or enter on line @ www.cardiganbaywatersports.org.uk