Time Trialling & Check Pointing Registration Form 2026 Season

TIME TRIALLING – SECTION 1

I _____ would like to participate in Time Trialling YES ☐ NO ☐

Skipper: _____ Navigator: _____

Boat Name: _____ Racing Number: _____

Please contact the Office if you do not already have a Racing number and we will allocate one to you.

Mobile # _____

Email _____

Please pick a speed you are comfortable driving your boat between 8 and 15 knots.

The speed at which I wish to time trial is: _____ Knots

CHECK POINTING – SECTION 2

I *(and/or my guest)* would like to assist in Check Pointing YES ☐ NO ☐

My *(and/or my guest)* names are:

_____ _____ _____ _____

Mobile # _____ Email: _____

The date(s) we are available to checkpoint are:

_____ _____ _____ _____

Would you like to Checkpoint from: Land ☐ Water ☐ Either ☐

Please return form by: 5pm Friday 8 May 2026

Email: reception@claremontyachtclub.org.au