



# Time Trialling & Check Pointing Registration Form 2024 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 3 May 2024**

Email: [reception@claremontyachtclub.org.au](mailto:reception@claremontyachtclub.org.au)