



NOTICE OF RACE

2004 MISTRAL EUROPEAN CHAMPIONSHIP

Sopot, Poland – June 2nd > 12th 2004

An International Windsurfing Association sanctioned event

Form 1 REGATTA ENTRY FORM

Last Name First Name(s) Sail #

Address: Street City

Post/Zip Code Country

☎ Fax #

E-Mail

Male: Female: Date of Birth (DD/MM/YY) ISAF Sailor ID

PLEASE ENTER ME FOR THE MEC I wish to race in Division A A^c B B^c
PLEASE ENTER ME FOR THE MYEC I wish to race in Division C D
PLEASE ENTER ME FOR THE MJEC I wish to race in Division E

PAYMENT

Entry Fees shall be paid in advance.

Payment for Class fees can be made on

site.

MEC - ENTRY FEE **€uro 160**

MYEC - ENTRY FEE **€uro 120**

Bank Transfer All bank charges must be paid by you

Account Name: The International Windsurfing Association

Euro Account #: 52977299

Sort Code: 20-08-44

Bank Details: Barclays Bank Plc, Birmingham, UK

IBAN: GB93 BARC 2008 4452 9772 99

SWIFTBIC: (Bank Identifier Code) BARCGB22

Visa Card 

MasterCard 

EuroCard 

Cardholder Name

Card Number

Expiry Date

Cardholder address if different from above

Your billing address - must match the address held by your card company

Refunds: Refunds will be given at the discretion of the IWA. A 10% service charge will apply. Please contact: info@internationalwindsurfing.com **DO NOT YOUR CARD ISSUER FOR REFUND**

AGREEMENT

My payment is drawn on a British Bank. I will pay all bank charges. I enclose a copy of the bank transfer/draft details for reference. I agree to be governed by the ISAF Racing Rules, the relevant Class Rules, the Notice of Race and the Sailing Instructions and I accept the penalties assessed under these rules and such other action as may be taken hereunder, subject to such appeal and review procedures as are provided herein, as the final determination of any matter arising under these rules.

I accept that under RRS Fundamental Rule 4, it is my sole responsibility to decide whether or not to start or to continue to race or compete.

I accept the competence of the Court of Arbitration for Sport (CAS) and reject all recourse to any other courts with respect to any decisions and their consequences, in all matters arising out of this championship.

Competitor's Signature _____

Date _____

Send form 1 & 2 to: International Windsurfing Association, Mengham Cottage, Mengham Lane, Hayling Island, Hampshire PO11 9JX, United Kingdom Tel: +44 (0) 2392 468831 Fax: +44 (0) 2392 468831 E-Mail: info@internationalwindsurfing.com

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Form 2 PARENT OR LEGAL GUARDIAN'S ASSENT

NB If the participant is under eighteen years of age, the following must be completed by the participants parent or legal guardian.

I, being the parent or legal guardian of _____ (print competitor's name) hereby confirm that the "Agreement" in form 1 shall be binding on him/her. I further agree that _____ (print competitor's name) may compete in the Championship as specified in the Notice of Race and Sailing Instructions and understand and accept that under RRS Fundamental Rule 4, it is the sole responsibility of _____ (print competitor's name) to decide whether or not to start or to continue to race, and I agree not to report to any court or tribunal with respect to such a decision and its consequences

Signature _____ **Date** _____ PARENT LEGAL GUARDIAN (tick)

Print Name _____

Address of parent or legal guardian if different from that of the competitor:

Last Name	First Name(s)	Sail #
Address: Street		City
Post/Zip Code	Country	
Phone #		Fax #
E-Mail		
Male: <input type="checkbox"/>	Female: <input type="checkbox"/>	Date of Birth (DD/MM/YY)
		ISAF Sailor ID

Please return this form to: **International Windsurfing Association**

Mengham Cottage, Mengham Lane, Hayling Island, Hampshire PO11 9JX, UK

Tel: +44 (0) 2392 468831 **Fax:** +44 (0) 2392 468831

E-Mail: info@internationalwindsurfing.com

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Form 3 COACH BOAT CHARTER FORM

Last Name **First Name(s)** **Sail #**

Address: Street City

Post/Zip Code Country

Phone # **Fax #**

E-Mail

Male: **Female:** **Date of Birth (DD/MM/YY)** **National Coach**

Men **Women** **Whole team** **Personal Coach**

Sail #s of competitors supported

Agreement

I confirm that I understand that the boat which I have chartered is my responsibility until it is returned in the condition in which I collected it and that any loss or damage caused by whomsoever will also be charged to my account.

Coach's Signature **Date**

Passport #.....

Payment of Euro \$75 per day including fuel and a driver shall be made in advance with your reservation by bank draft or bank transfer. The LOA will confirm by return that there is a coach boat set aside for you. Only with this confirmation will your charter be guaranteed. Reservations are accepted on a first come first served basis. The cut off date for May 1st 2004. Charter requests after this date will be charged at higher rates.

Please return this form to::

Sopocki Klub Zeglarski, Ul. Bitwy Pod Płowcami 67, 81-731 Sopot, Poland
Tel: +48 58 551 6898 **Fax:** +48 58 551 6898 **Email:** skz_sopot@wp.pl

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Form 4 MEDICAL TREATMENT PERMISSION

I..... being the parent or legal guardian of..... (Print competitor's name) hereby give my permission to my child's coach or team leader to sign for any medical or surgical treatment necessary for my child during the event as defined in the Notice of Race and Sailing Instructions for the **2004 Mistral European Championship** (inc Youth & Junior championships)

Last Name **First Name(s)** **Sail #**

Address: Street City

Post/Zip Code Country

 **Fax #**

E-Mail

Male: **Female:** **Date of Birth** (DD/MM/YY) **ISAF Sailor ID**

APPOINTED COACH OR TEAM LEADER:

IMPORTANT MEDICAL HISTORY:

LAST TETANUS IMMUNIZATION DATE

Current Medicines: My child takes the following medicines

Allergies: My child has the following allergies

International Medical Insurance: My Child has insurance with this company:

Policy # Value:

This allows does not allow please tick the relevant box) repatriation by special air taxi.

PERSON to contact in case of emergency if different from above (address, phone, fax)

Last Name **First Name(s)**

Address: Street City

Post/Zip Code Country

 **Mobile** 

E-Mail : **Fax :**

Please return this form to:

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