



NOTICE OF RACE

**2004 MISTRAL WORLD CHAMPIONSHIP**

Cesme, Izmir, Turkey – April 8<sup>th</sup> >18<sup>th</sup> 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 MWC**  I wish to race in Division  A  B

**PAYMENT MWC - ENTRY FEE  Euro 160**

*Entry Fees shall be paid in advance.  
Payment for Class fees can be made on site.*

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](mailto: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,

Within the framework of my participation in the 2004 Mistral World Championship, I accept that any decision about my eligibility, made by the highest internal tribunal at this event may be the object of appeal arbitration proceedings under the code of sports-related arbitration of the Court of Arbitration for Sport (CAS) based in Lausanne, Switzerland. I accept the competence of the CAS, and reject all recourse to ordinary courts.

I confirm that I am eligible to compete in the 2004 Olympic Games for the Country that I represent in the 2004 Mistral World Championships.

**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](mailto: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:

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

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](mailto:info@internationalwindsurfing.com), or [rony@internationalwindsurfing.com](mailto:rony@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 100 per day excluding 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 March 1<sup>st</sup> 2004. Charter requests after this date will be charged at higher rates.

Please return this form to::

**Tel:** +90(212)347 7033 **Fax:** +90(212)347 7034 **Email:** [info@sportworksgroup.com](mailto:info@sportworksgroup.com)

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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 World Championship**

**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 TEAM LEADER OR COACH:**

**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:

**Turkish Sailing Federation, Bolahenk sok., No:11, Ayaspasa, 80040, Taksim-Istanbul/TURKEY**  
**Tel: +90(212)249 10 29 Fax: +90(212)243 61 25 Email: [sekr@tyf.org.tr](mailto:sekr@tyf.org.tr)**