



## SUPPORT STAFF REGISTRATION FORM



### NACRA 15 OPEN EUROPEAN CHAMPIOSHIP 2024

In accordance with the Notice of Race, each COACH will has to register by filling out this form

#### *The undersigned*

Surname and name		Date of birth	
Adress		City	
Club		Club code	
FIV Card N°		FIV area	
Type support vessels			

#### ASKS

to be able to go out to sea with the means described above during the event in question.

#### ACCEPT

to go out to sea to provide assistance with the means described above to all the boats competing in the event in question.

#### DECLARE

their willingness to make themselves available to the Race Committee and to follow its directives and instructions. You also declare that you accept all the rules indicated: in the I.Sa.F Regatta Regulations in force, in the Notice, in the Instructions and in the other Rules and Regulations that govern this event. I declare that I am informed, pursuant to and for the purposes of art. 13 of Legislative Decree no. 196/2003, that the personal data collected will be processed, also with IT tools, exclusively within the scope of the procedure for which this form is filled out.

Accompanist of the following sailors

Class	SAILOR NAME	SAILING NUMBER

Date: \_\_\_\_\_ Signature \_\_\_\_\_