



# Match Racing Clinic & Regatta

9 -11 March 2007  
Changi Sailing Club

## APPLICATION FORM

Please submit the registration form before 04 March 2007, first-come-first serve.

Singapore Sailing Federation  
1500 East Coast Parkway  
National Sailing Centre  
Singapore 468963

Office: (65) 6444 4555  
Fax: (65) 6448 0485  
e-Mail: info@singaporesailing.org.sg

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### Personal Particulars:

Family (Last) Name:	First Name:	Title(Mr/Mrs/Miss/Dr/ others):
Address:		Postal Code:(            )
Telephone number:		
Home:	Office:	Mobile:
E-mail:		Fax:
Date of Birth: (DD/MM/YYYY)	Nationality:	Gender: Male / Female

### Declaration:

I \_\_\_\_\_, will not hold the officials, staff and volunteers of Singapore Sailing Federation responsible for any losses, damages, injuries (fatal or otherwise) in conjunction with or prior to, during or after the participation of the above event.

Signature of participant: \_\_\_\_\_

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