

EQUIPMENT FORM



Please complete in CAPITAL letters

EVENT (Title):	
Event Venue:	Date:

Competitor Name:	Sail Number:
Male <input type="checkbox"/> Female <input type="checkbox"/> Youth <input type="checkbox"/> Junior <input type="checkbox"/> Master <input type="checkbox"/> Date of Birth:	

BOARD :	Board Serial Number
Fin <input type="checkbox"/>	
Fin <input type="checkbox"/>	

SAIL <input type="checkbox"/>
SAIL <input type="checkbox"/>
SAIL <input type="checkbox"/>

General comments/approved changes:

Inspector's signature:	Date:
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