

NEW SOUTH WALES COUNCIL FORM 1 STANDARD ENTRY FORM FOR APBA SANCTIONED EVENTS

NAME OF EVENT:	Rd 2 of 2016 NSW FORMULA FUTURE CHAMPIONSHIPS	CLASS:	
DATE OF EVENT:	Saturday 17 July 2016	VENUE:	St George Aquatic Club, Kogarah Bay, Sans Souci
NAME OF BOAT:		CONTACT NUMBER:	
State Boating Authority REGISTRATION NO:		SBA REGISTRATION EXPIRY DATE:	
NAME OF OWNER:		OWNERS CLUB:	
ADDRESS OF OWNER:			
NAME OF DRIVER:		DRIVERS CLUB:	
State Boating Authority LICENCE NO:		SBA LICENCE EXPIRY DATE:	
APBA LICENCE NO:		APBA RACE NUMBER ON BOAT:	
CLASS OF BOAT (Tunnel, mono, etc.):		MOTOR MAKE:	
CAPACITY of MOTOR:		MOTOR MODEL:	
BOAT LENGTH (Mtrs):		BOAT BEAM (Mtrs):	
DECLARATION BY OWNER(S): To the NSW Council Secretary APBA, I/We _____ being the owner(s) of the abovementioned boat do hereby certify that the specifications of the boats' hull and motor/s are known to me/us to be in conformity with the Rules and restrictions governing the class of the event entered. I/We will comply with the APBA RACING and SAFETY RULES in their entirety. I/We will not take any legal action of any description against any party concerned with running of the event. I/We declare that the above particulars are to my/our knowledge true and correct.			
SIGNATURE OF OWNER(S):		DATE:	
DECLARATION BY OWNER(S) CLUB: I, being an Executive Officer of _____ Club, hereby declare that the abovementioned boat is on the current register of this Club and the Owner(s) _____ is a/are Full Member/s of this Club and is/are to represent the Club in this event. This Club shall take no legal action of any description against any party or parties concerned with the running of this event.			
SIGNED:		PRINT NAME:	
OFFICE HELD:		DATE:	
DECLARATION BY PARENT/GUARDIAN: I/We, the undersigned, understand that the race entered is dangerous and acknowledge and accept entirely at my/our own risk, injury or damage to person or property which may be sustained or incurred as a result of or arising out of my/our participation in the said race or event.			
SIGNATURE OF PARENT or GUARDIAN:		DATE:	
OFFICIAL USE ONLY - Received by Secretary, NSW State Council.			
Signed:		DATE:	

PLEASE ENSURE YOUR FORM HAS BEEN SIGNED AND RETURN TO:

NSW APBA, PO Box 443, CHESTER HILL NSW 2162 or

Email to nswcouncilapba@hotmail.com

By FRIDAY 4 July 2016