



THE CRUISING YACHT CLUB OF W.A (INC)

CATALPA CLASSIC

SATURDAY 23th November 2019

NOMINATION FORM

Person in Charge: _____ Helmsperson: _____

Phone: _____ Email: _____

Yacht Name: _____ Yacht Type/Make: _____

L.O.A: _____ (m) Draft: _____ (m) Sail No: _____

Numbers on Board: _____ Club: _____

Mooring required for FSC: YES NO Mooring required for TCYC: YES NO

Lunch required at TCYC: YES NO Nos: _____

Dinner reservation required at FSC: YES NO Nos: _____

Signature: _____ Date: _____

Ode Saw Nomination: YES NO

Yacht Name: _____ Sail Number: _____

Signature: _____ Date: _____

For further information or the booking of moorings, please contact:

The Cruising Yacht Club of WA
2 Val St Rockingham
Phone: 9527 5468
Web: www.tcy.com.au
Email: sailing@tcyc.com.au