

10° HALLOWEEN CUP

October 30th-November 1st

COACH FORM

Name and Surname of the Coach:	
date of birth:	
Club	
Type	Motorboat <input type="checkbox"/>
Model:	
Motor:	License(up to 40hp) <input type="checkbox"/>
Telephone number of the coach:	

ASKS

to be allowed to go out in the water with the above described vehicle during the event in question.
I explicitly declare that I accept all the rules indicated in the I.Sa.F. RRS in force, in the Notice, in the I.Sa.F. RRS, in the Notice, in the Instructions and in the other Rules and Regulations governing this event. Pursuant to art. 6, paragraph 1), lett. a) of the EU Regulation n. 679/2016 (GDPR) I hereby authorise Circolo Vela Torbole to process my personal data for the sole and exclusive purposes related to the organisation and management of the regatta and better detailed in the information note on the processing of personal data which I expressly declare to have read.

DATE _____

SIGNATURE _____

Permission Number _____

Flag _____

Deposit € 20,00

The coach is authorised to go out into the water during the event.
This authorisation may be revoked at any time at the discretion of the Organising Committee.

Date _____

Secretariat _____

ATHLETES

Name	Sail number
Name	Sail number
Name	Sail number
Name	Sail number
Name	Sail number
Name	Sail number
Name	Sail number
Name	Sail number
Name	Sail number
Name	Sail number
Name	Sail number
Name	Sail number
Name	Sail number
Name	Sail number

The coach declares that he/she is qualified to drive the boat and that the boat is in order with the documents required by law and with the safety equipment provided and responsibility.

The coach declares that he/she is responsible for the declared athletes

Date _____ Signature _____