



PAID DUTY LIST APPLICATION

NAME

HOME TELEPHONE

MOBILE TELEPHONE

EMAIL ADDRESS

Best method for making contact

MONTHS AVAILABLE FOR DUTIES (between April and November)

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Duty Type that you are happy and qualified to undertake (Please Circle):

Principal Support Driver Support Boat Driver Support Boat Crew

Race Officer Assistant Race Officer Committee Boat Driver

I wish to register with the Paid Duty List.

I declare that:

a) I am a Member of Itchenor Sailing Club

b) I hold a Level 2 RYA Power Boat Certificate

Date Certificate Issued:

c) My date of birth is*

Signed **Date**

* Minimum age 16

Please return this form to: Itchenor Sailing Club, Itchenor, West Sussex PO20 7AG