



FRAGLIA VELA MALCESINE

Team boat accreditation Nr _____

Send by email to: race@fragliavela.org

Type of boat: Rubber boat Motorboat

Model: _____

Lenght overall. m.: _____

Engine type : _____

Hp _____

Driver Name _____

Cell Phone: _____

E-mail: _____

Yachting club or team name: _____

Names of associated competitors

Sailing Number	Class

Sailing Number	Class

There is a crew on board in addition of the driver ?	Yes <input type="radio"/> No <input type="radio"/>
Is the engine provided by a safety stop system (ribbon stop) ?	Yes <input type="radio"/> No <input type="radio"/>
Is the driver carrying a VHF Radio?	Yes <input type="radio"/> No <input type="radio"/>
The driver accepts to dress a buoyancy aid – life jacket ?	Yes <input type="radio"/> No <input type="radio"/>
The driver accepts to be available to help the Race committee in rescue operations in case of emergency	Yes <input type="radio"/> No <input type="radio"/>

Date _____

Driver signature. _____

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Secretary comments

Accreditation given	Yes <input type="radio"/> No <input type="radio"/>	Notes
Rejected	Yes <input type="radio"/> No <input type="radio"/>	Notes