# QCYC SAILING RACE CREW REGISTER.

**Event Name:**

| Boat Name: | Race Date: | Boat Registration Number: | | Sail #: | Race #: |
|---|---|---|---|---|---|
| | | | | | |
| **CREW NAME** | **ADDRESS** | **YOUR MOBILE #** | **NEXT OF KIN** | **NOK MOBILE #** | **ASN Number** |
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***This document forms part of our QCYC Covid-19 Sailing Safety Plan compliance and must be completed each race day.**
**Details will be kept private and confidential and not used outside of normal regulatory requirements related to QCYC Sail Racing.**

## Please complete and send image to Race Control 1 hour prior to race #: 0498 256 428

**Boat Skippers are to confirm this documentation has been completed and sent to Race Control when signing onto race.**