**INVITATION REQUEST FORM**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Team Name:** | | | | |
| **Sponsor (*If any):*** | | | | |
| **Skipper’s Last Name**: | | | **First Name:** | |
| **Birth Date**: | | | **Club Affiliation:** | |
| **HSF Member Card n. (Only for Greek competitors)**: | | | | |
| **WS Sailor ID**: | | | | |
| **Address:** | **City:** | | | **Country:** |
| **Home phone:** | | | **Mobile Phone:** | |
| **E-Mail Address**: | | | | |
| **CREW** | | | | |
| 1. | | **Club Affiliation:** | | |
| 2. | | **Club Affiliation:** | | |
| 3. | | **Club Affiliation:** | | |
| 4. | | **Club Affiliation:** | | |
| Reserve. | | **Club Affiliation:** | | |
| **ALL FEMALE TEAM.**  **YES  NO** | |  | | |

**Entry Disclaimer:**

*I assume all charges and all responsibility for any damages that were to derive to persons and/or things of thirds party, while aground or afloat, as consequence of my participation to this event and I relieve the organizing Corfu Sailing Club, the Race Committee, the Jury and any other Authority involved from any responsibility. Moreover, I declare, under my responsibility, the compliance of my crew to our MNA membership and medical certificate requirements.*

*Privacy Statement: I agree that Corfu Sailing Club, may process my data to fulfill institutional requirements. The OA shall have the right to use any images and sound recorded during the event free of any charge.*

*The current invitation form shall be filled and send to the Organizing Authority of Corfu Match 2021 not later than* ***Friday, February 27th 2021.***

**Contact information:**

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