



**Echinops Red Sea Rib Rally**  
Sharm El Sheikh/Egypt  
Friday 1-10 September 2006



## ENTRY FORM TEAM OF 3 +BOAT

<b>CLASS:</b>	<b>BOAT NO:</b>	<b>BOAT NAME:</b>
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### BOAT DETAILS:

Manufacturer:	GPS type/model:
Type:	Chart plotter:
Length overall on trailer:	Depth sounder:
Breadth overall:	Radar:
Height overall on trailer:	Radar Reflector:
Approximate weight of boat fuelled:	EPIRB:
Colour of tubes:	SART:
Colour of hull:	SSR (For British Reg. Boats):

### ENGINE DETAILS:

Manufacturer:	Horsepower:
Number of engines:	Petrol/Diesel/Gas/Other:
Type/Model:	

**Marine VHF 25 watts compulsory and Serial Number and Catalog have to be provided with Entry Form and Wire Transfer receipt or Cheque .**

### COMPETITORS' DETAILS:

#### No. 1 Driver Information:

<b>Mr/Master/Mrs/Miss/Ms</b>	<b>Important medical information you wish known:</b>
<b>Name:</b>	
<b>Address:</b>	
	<b>Contact details:</b>
<b>Post/Zip code:</b>	<b>Email:</b>
<b>Country:</b>	
<b>National Authority:</b>	<b>Main Telephone contact no:</b>
<b>Passport No:</b>	
<b>Date of Birth:</b>	<b>Mobile/Cell:</b>
<b>Glasses worn: yes/no</b>	
<b>Contact lenses worn: yes/no</b>	<b>Fax:</b>

#### No. 2 Competitor Information:

<b>Mr/Master/Mrs/Miss/Ms</b>	<b>Important medical information you wish known:</b>
<b>Name:</b>	
<b>Address:</b>	

#### No. 3 Competitor Information:

<b>Mr/Master/Mrs/Miss/Ms</b>	<b>Important medical information you wish known:</b>
<b>Name:</b>	
<b>Address:</b>	

I declare that the particulars listed on this Entry Form are correct.

Date: \_\_\_\_\_ Entrant's Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_

A reminder to all competitors that the 15<sup>th</sup> of April 2006 is the closing date of "intent to enter" forms to be returned with first staged payment, entries received after this date will be subject to a 10% surcharge on class entry fee.