



BMYC Handicap for Cruisers Scheme – Registration Form

Name of Owner/Skipper: _____

Name of Boat: _____

Make and Type of Boat: _____

Sail Number: _____

IRC rating (if certificate held): _____

Length	Length Overall (LOA)	_____	mtr
P	Length of Mast Track from top of Boom to Black Band at top of Mast	_____	mtr
E	Length of Boom from Mast to Black Band at end of Boom	_____	mtr
I	Length from Deck to point at which the Forestay meets the Mast	_____	mtr
J	Length from Mast Foot to bottom of the Forestay	_____	mtr
Displacement	The weight of water displaced by the boat	_____	kg
Design Year	The year boats of this type were first commissioned	_____	

I certify the information given above to be correct to the best of my knowledge.

Signed: _____

Date: _____

Please hand the completed form to the BMYC office.

Thank You
The Race Committee

