

Bristol Yacht Club 2020-21 Frostbite Series REGISTRATION FORM

Name:		
Email:		
Mobile Phone N	No.:	
Class:	Sail No.:	
Emergency Co	ntact Name:	
Emergency Contact Phone (s):		
Fees:		
o BYC Mem o BYC Gues	•	
 Daily Rate: BYC mem BYC Gues First time 	·	
Amount Paid:	(Payable to: BYC Frostbite Series)	
Check No.:		