



# CYC DAY PASS MEMBERSHIP FORM

Title: Mr Mrs Ms Miss Dr Other: \_\_\_\_\_

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ P/Code: \_\_\_\_\_

- Date of Birth: \_\_\_\_\_
- Mobile: \_\_\_\_\_
- Email: \_\_\_\_\_
- Emergency Contact: \_\_\_\_\_
- Contact Phone Number: \_\_\_\_\_
- What boat are you sailing on? \_\_\_\_\_

If a Current Member of (please circle Club):

RSAYS      PASC      ASC      LBSC      PLYC

Other: \_\_\_\_\_ YA Number: \_\_\_\_\_

Cost:	First 5 Races	\$15 per race day
	Second 5 races	\$25 per race day
	Unlimited races for current member of another sailing club	\$20 per race day

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICE USE ONLY

Day Pass number allocated: \_\_\_\_\_

Registered in MYClub / Powerclub by: \_\_\_\_\_

Temporary YA Number: \_\_\_\_\_

Race 1

Race 2

Race 3