



ROYAL CHANNEL ISLANDS YACHT CLUB

| ROYAL CHANNEL HANDICAP (RCH) APPLICATION FORM | | | | |
|---|------------|--------------|--------------------------|---------|
| Yacht's Name: | | Sail Number: | | |
| Owner's Name: | | Signature: | | |
| Address: | | | | |
| | | | | |
| | | | Postcode: | |
| Phone Numbers: | Home: | | Work: | |
| | Mobile: | | Fax: | |
| Email: | | | | |
| | | | | |
| Builder & Design: | | | | |
| Age of Yacht: | | | | |
| Length Overall (mtrs): | | | Waterline Length (mtrs): | |
| Please circle the following details, where appropriate: | | | | |
| Keel Type: | Fin | Twin | Triple | Lifting |
| Engine: | Inboard | | Outboard | |
| Propeller: | Feathering | | 2-Blade Fixed | |
| Spinnaker: | Symmetric | | Asymmetric | |
| Any other relevant information: | | | | |
| | | | | |
| Any other existing or past handicaps and type: | | | | |

Please Return Handicap Application Form to RCIYC Club Office:

Le Mont du Boulevard, St Brelade, Jersey, JE3 8AD, Channel Islands

Office: 09.00 – 12.00 Mon – Fri. Tel: (01534) 745783 Fax: (01534) 490042
Clubroom: (01534) 741023 Email: rciyc@localdial.com