

CHECK-IN N° :	SAIL LETTERS:	SAIL N° :
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Skipper:	<input type="text"/>	Weight	<input type="text"/>
Crew:	<input type="text"/>	Weight	<input type="text"/>
Crew:	<input type="text"/>	Weight	<input type="text"/>
Crew:	<input type="text"/>	Weight	<input type="text"/>

Yacht's name **Total Weight - o =285**

***An identity document with photo must be presented at the weight control
This form must be returned to the race office upon complete***

Skipper signature: _____

Organiser's signature: _____