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**Entry form for Leeds University Union Sailing Club: Halloween Howler 2015.**

**Please complete one form for each team you wish to enter**

1. I wish to enter a team for the Leeds Halloween Howler 2015 taking place:

Friday 23rd October – Sunday 25th October 2015

|  |  |
| --- | --- |
| Registration 19.00-22.00 23rd October | Sailing: 24th & 25th October |
| **Location TBC-**  Confirmation will be given with final event pack nearer time of event. | West Riding Sailing Club  Haw Park Lane  Wakefield  West Yorkshire  WF4 2EE |

|  |  |
| --- | --- |
| ***Options*** (Tick if required) |  |
| 2 days of team racing in boats provided by Leeds University Sailing Club (LUSC) | 🗸 |
| Accommodation for Friday and Saturday nights (Must provide own sleeping bags, pillows, blow up mattresses etc.) |  |
| **Entry Cost per team £255***(with or without accommodation)* |  |
|  |  |
| ***Extras*** | Quantity  required |
| **Social Package £15 pp**  (Includes Friday night club ticket, Saturday night club ticket, Team goody bag, Lunch tickets for Saturday and Sunday) |  |
| **Total Cost including extras** |  |

2 free entries are available for teams wishing to lend a full flight, 6 fireflies, for 2 weeks starting at 19/10/2015.

The entry cost will be reduced by a third for 1 team that is willing to bring a double-stacked trailer of fireflies to and from the venue.

Any teams wishing to lend boats for the event in return for free entry please contact:

Sam Pickering on 07947849057 or smpickering11@googlemail.com

1. Please complete one of the following two options:
   1. I enclose a cheque for the total cost including team entry and any social packages made payable to ‘Leeds University Union’ Please write your university name and team name on the back of all cheques.

*or*

* 1. I will arrange the money to be paid in directly to your bank account

This payment will be made on the DD/MM/YYYY:

Account number: 00005618

Sort code: 30-00-05

**Please make payments clearly marked “LUU SAILING HOWLER”**

1. Damage deposits
   1. If you are representing a University Union we do not require you to provide a damage deposit up front, but by you and your union signing this form and entering the competition, you (on behalf of your university union) agree to be invoiced for a maximum of **£250** **per incident** if any damage occurs. A sample invoice, and explanation of terms is attached for your information only. If you are entering as a team without direct affiliation to a university union you must provide a cheque for £250
2. I agree to be bound by the Racing Rules of Sailing and all other rules as detailed in the notice of race and sailing instructions in this document. In particular I have read paragraph 9 of the notice of race, and confirm that I agree to its provisions and that my boat will conform to its requirements throughout the event.

|  |  |
| --- | --- |
| **DETAILS, PLEASE WRITE IN BLOCK CAPITALS** |  |
| University/ Club |  |
| Team name i.e. Leeds 1 or Leeds Old boys |  |
| Team contact name and surname |  |
| Address line 1 |  |
| Address line 2 |  |
| Town/ City |  |
| County |  |
| Post code |  |
| Email address |  |
| Mobile Phone number |  |
| Home Phone number |  |
| **Provisional Team** |  |
| Helm | Crew |
| 1.) | 1.) |
| 2.) | 2.) |
| 3.) | 3.) |
|  |  |
| **Social sailors expected:**  **Final number needed on 9/10/15** |  |

Please return all 3 pages of this form along with entry to one of the addresses below to secure a place. An email confirmation will be given within 7 days of the form being received.

|  |  |
| --- | --- |
| Forms sent before 16/9/15 should be sent to: | Forms sent after 16/9/15 should be sent to: |
| Sam Pickering  133 Walsall Road  Aldridge  Walsall  WS9 0BE | Leeds University Union  Sailing Club  Student Activities  University Square  Leeds  LS2 9JZ |

Union representative Team representative

Name: Name:

Position: Position:

Signature: Signature:

Email address:

Phone number:

**FOR INFORMATION ONLY**

**Appendix 1: Sample Invoice and Terms**

This invoice will be used to claim damage deposits that were agreed to in accordance with Entry Form, for a maximum of up to £250 for each separate incident in which damage occurs.

Photographic evidence of the damage will be taken as soon as reasonably practicable after the event. Teams who may be deemed at fault are encouraged to obtain their own evidence of the incident.

The damage caused will be attributed as per the Notice of race instructions.

Amounts to be paid for damage to equipment will be attributed by one of two ways:

1. Obtaining 3 separate quotations, these 3 quotes will be reviewed by the event organisers and a decision will be made in liaison with the equipment’s owners as to the course of action. The team responsible for the damage is also encouraged to be involved in this process.
2. The team who caused the damage can, with the consent of the owners, organise repair or replacement outside of this agreement

Should any party be unhappy by the decision reached by the race organisers, they will have a right to appeal to the Student Activities Manager at Leeds University Union, who will act as an independent arbitrator. More details on this can be obtained from the Student Activities Department at Leeds University Union.

Any travel to collect and or deliver parts or equipment relating to the damage is chargeable at 35p per mile. This amount will be added to the invoiced amount and will form the settlement due. This settlement needs to be settled within 28 days of being received.

**FOR INFORMATION ONLY**

# Leeds University Union

# Sailing club

**INVOICE**

|  |
| --- |
| **REF: ####** |

Invoice Date: \*\*\*\*\*\*\*\*\*\*\*\*\*\*

|  |  |
| --- | --- |
|  | Leeds University Union  University Square  Leeds  LS2 9JZ |

|  |  |  |
| --- | --- | --- |
| Quantity | Description | (£) |
| 1 | Damage deposit for Sailing team competing at the Halloween howler 2015.  Damage will be charged as per the rates in the terms and conditions of this invoice | § |
| **Total** | | **£TBC** |

All payments will be made via BACS. For payment by BACS please include the following information Bank XXXXXX, Sort code XX-XX-XX Account no. XXXXXXXX.

I am aware of and accept responsibility for any income related tax fees associated with this invoice. I hereby agree to release payment for any damage caused by, or portion of damage which cannot be attributed to a team.

Union representative Club representative

Name: Name:

Position: Position:

Signature: Signature: