



Application to attend an ICC tester briefing

Name:

Address:

Tel (day):

Email:

Date of birth:

RYA membership number:

Next of kin (contact name and number):

Name of club or centre for whom you will be running tests:

RYA qualifications held (please give certificate numbers where applicable):

Type(s) of test that you wish to run (please tick as appropriate):

- | | |
|--|---|
| <input type="checkbox"/> Power up to 10m | <input type="checkbox"/> Power up to 24m |
| <input type="checkbox"/> Sail | |
| <input type="checkbox"/> Coastal | <input type="checkbox"/> Inland (must include the CEVNI test) |
| <input type="checkbox"/> CEVNI | |

Please return to:
RYA Training Dept,
RYA House, Ensign Way,
Hamble, Southampton SO31 4YA
Fax: 02380 604288