



**FARR® 40 ONE DESIGN WEST COAST FLEET  
2012 SAIL/CREW DECLARATION FORM**

<i>SAILS</i>	<i>Year/Sailmaker/Type</i>	<i>Bag Making and/or Button #</i>
Mainsail	_____	_____
Jib 1	_____	_____
Jib 2	_____	_____
Jib 3	_____	_____
Jib 4 (heavy)	_____	_____
Spinnaker	_____	_____
Spinnaker	_____	_____
Spinnaker	_____	_____
¾ Frac Spin	_____	_____

***CREW***

<b>Name</b>	<b>Group (1, 2, 3)</b>	<b>Weight</b>	<b>ISAF#</b>
1. _____ (Helmsman)	_____	_____	_____
2. _____ (Alt. Helm)	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____
		TOTAL:	_____
11. _____			

(Please include ISAF Classification user identification code for all group 1 competitors).  
Only one approved substitute or relief helmsman can be nominated to relieve an owner at the helm at any time during a Farr 40 West Coast Fleet One Design event. **This declaration must be submitted to the Class Representative via email or fax prior to the designated event.**

I declare as follows: My yacht will comply with all Farr 40 Class Rules and the rules of the West Coast Fleet. Only the above listed sails will be used for the regatta series named below and comply with those rules. The above listed crew members comply with the Class Rules for classification for this regatta.

Regatta \_\_\_\_\_

Hull Number \_\_\_\_\_

Yacht Name \_\_\_\_\_

Sail Number \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

(Owner/Owners rep)

Approved \_\_\_\_\_

Date \_\_\_\_\_

(Class Representative)

**Please submit Declaration prior to each event via email or fax to:**

**Jana Madrigali**

**[Madrojj@aol.com](mailto:Madrojj@aol.com)**

**Fax: 360-323-7395**

**Phone: 360-929-1492**