



RACING TOUR

# GC32 RACING TOUR 2022 ENTRY FORM

## GC32 Event GmbH

Gartenstraße 4 | 6302 Zug | Switzerland

If you fill in and sign this form, you confirm to participate at the GC32 Racing Tour 2022 and agree with the GC32 Int. Class Association's constitution, the GC32 Class Rules and the Notice of Race of the GC32 Racing Tour.

The application has to be submitted and the entry fee paid until the 28<sup>th</sup> of February 2022. After this date a late entry fee applies.

Please fill in the form below, sign it and send it to: [office@gc32racing.com](mailto:office@gc32racing.com)

### Boat / Team:

Name of Boat

Name of Team (if different to Boat Name)

Hull / Sail Number

### Owner:

Last Name

First Name

Phone

E-Mail

Address

ZIP / City / Country

### Skipper:

Last Name

First Name

Phone

E-Mail

I herewith confirm to be an active member of the GC32 Int. Class Association.

Co-Ownership:

Yes

No

In case of Co-Ownership, please fill in details below:

### Co-Owner:

Last Name

First Name



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GC32 Racing Tour Fee 2022: € 50,000.–

**Payment Information:** GC32 Event GmbH  
Gartenstraße 4, 6302 Zug, Switzerland  
IBAN: **CH72 0022 5225 1153 4060 Z**  
BIC: UBSWCHZH80A

## Administration Contact:

Last Name	First Name
<input type="text"/>	<input type="text"/>
Phone	E-Mail
<input type="text"/>	<input type="text"/>

## Invoicing Address:

Company / Name	VAT Number
<input type="text"/>	<input type="text"/>
Address	ZIP / City / Country
<input type="text"/>	<input type="text"/>

## Principal Sponsor:

## Sponsor (Representative):

Last Name	First Name
<input type="text"/>	<input type="text"/>
Phone	E-Mail
<input type="text"/>	<input type="text"/>

## Team Contact Persons:

### Team Manager:

Last Name	First Name
<input type="text"/>	<input type="text"/>
Phone	E-Mail
<input type="text"/>	<input type="text"/>

### Technical Representative:

Last Name	First Name
<input type="text"/>	<input type="text"/>



**RACING TOUR**

# GC32 RACING TOUR 2022 ENTRY FORM

Phone

E-Mail

## Rules Representative:

Last Name

First Name

Phone

E-Mail

## Crisis Communication Representative Contact:

Last Name

First Name

Phone

E-Mail

## Team Media Information:

### PR/Media Representative:

Last Name

First Name

Phone

E-Mail

## Team Online/Social Media Channels:

Team Website:

Team Facebook Account:

Team Twitter Account:

Team Instagram Account:

Date:

Signature: