CHAMPIONSHIP BOAT REGISTRATION FORM

Boat name:	Registration #:
Class:	

Type: *Mono / Tunnel / Other*	Length:
Make:	Hull colour:
Model:	Deck Colour:
No of engines:	Type: *Inboard / Outboard*
Make:	Individual / Total capacity:
Model:	Individual / Total hp:
Driver:	Address:
Licence #:	Contact phone:
Co-driver / Throttles:	Address:
Licence #:	Contact phone:

Championship / Designated Driver*:

***This is the person who will receive the championship points.**

I have read a copy of the National rules and the UIM Rule Book, and understand these are available for me to view from an NZOPA committee member, the NZOPA website www.nzoffshore.co.nz, or the UIM website www.uimpowerboating.com

I hereby certify my boat complies with the minimum safety requirements required for my class

☐ Yes ☐ No

I hereby certify by boat and engines comply with all rules and guidelines outlined for my class.

☐ Yes ☐ No

_____ _____

Applicant's Signature **Date**