

2025 HOT CURRENT TOURNAMENT

BOAT SAFETY FORM

NOTE: IT IS THE RESPONSIBILITY OF THE OPERATOR OF THE VESSEL TO ENSURE ITS SAFE OPERATION & SEAWORTHINESS AT ALL TIMES.				
Name of Vessel:	Rego/Survey No:			
Name of Owner:	Email:			
Postal Address:				
Phone No.	Mobile:			
Type/Make of Vessel:		Flybridge:	Tower:	
Colour of Vessel:	(Hull)			(Superstructure)
Length of Vessel:	metres beam		metres draft	
Type of engine(s)		_ (HP) Driver t	уре:	
Fuel Type:	Capacity: I	trs Range:	Naut	ical Miles
No. of Life Jackets:	Life Raft:	(for vess	sels 12m and over)	
Lifebuoy/Rescue Quoit:	(for vessels	8m and over)	Bucket and lanyard:	
No. of Flares:	EXPIRY DATE:			
Fire Extinguishers:		_ CHARGE CH	ECKED:	
EPIRB:	(type) EXPI	RY DATE:		
No. of Bilge Pumps: Manual	Engine	e driven	Electrica	al
Anchors: Reef				
Compass: V She	eet:	Torch:		
Water Supply Itr	s Food Supply on bo	ard	Days supply _	
RADIOS & FREQUENCY 2 Mhz SSB (Frequencies):	27 Mhz:		VHF:	
Insurance Details:				
Insurer:				
Policy Number:	E	xpiry Date		
Skippers Boat License number		Ехр	iry Date	
Boat owner /skipper signature (<i>print name</i>)			Date	
I understand as stated in the tournament rules that the safety of my crew and vessel is solely my responsibility whilst at sea and the ultimate decision to put to sea or return to port shall be my responsibility.				
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Please send completed form to info@ccgsfc.com.au