

DETAILS OF VESSEL OWNED BY MEMBER/S OF R.S.A.Y.S.

133

NAME OF YACHT..... *NEMESIS*OWNED BY..... *R.V. HUMAN*

REGISTRATION NUMBERS:

SAIL NO. *62*(a) Marine & Harbors *SA625*(b) R.S.A.Y.S. *62*

(c) Other Club

(d) Australian

1. TYPE OF VESSEL :☒ Yacht☐ Power Boat

Please complete this section if the vessel is a yacht.

1. TYPE OF RIG *Sloop*
2. KEEL OR CENTRE BOARD *Keel*
3. NAME OF BUILDER *Duncanson*
4. NAME OF DESIGNER *Duncanson*
5. IS IT A RECOGNISED CLASS? STATE THE CLASS *NO*
6. LENGTH OVERALL *35'* *10.7*
7. MAX BEAM *10'6"* *3.2*
8. MAX DRAFT *6'* *1.8*
9. LENGTH OF WATER LINE *28'* *8.5*
10. TYPE OF AUXILIARY MOTOR - FITTED (Fuel Type) *Diesel*
MAKE *Volvo* H.P. *25*
TYPE OF PROP: Fixed *No* No. of Blades:
Folding *Yes* Variable Pitch *No*
11. IS THERE A CURRENT: IOR RATING, YES/NO. RATING
JOG RATING, YES/NO. RATING
12. IS IT INTENDED TO RACE? YES/~~NO~~

Please complete this section if the vessel is a power boat.

1. MAX LENGTH
2. MAX BEAM
3. MAX DRAFT
4. TYPE OF MOTOR/MOTORS (Fuel Type)
MAKE H.P.

2. TYPE OF RADIO COMMUNICATION EQUIPMENT:SSB 27MHZ *Yes* Seaphone None

Amateur

INSURANCE: You are advised that the General Committee of the R.S.A.Y.S. require you to have 3rd Party Insurance as per the Constitution. If you carry own insurance please nominate Company *Squadron Insurance Scheme*
(Copy to be supplied to the office including due date).

No nomination will result in an automatic inclusion in the 'Squadron Insurance Scheme'.

I declare that no persons, other than the above named, have an interest in the above vessel, and change of ownership will be notified immediately.

NAME(S) IN FULL *Robert Victor Human* SIGNATURES *R. Human*POSTAL ADDRESS *17/50 Stigmantway Stc* *1 North Adelaide* TELEPHONE: *W262.1040 H.2675761*DATE *1/15/1986*

Please return this form to the Manager, Royal S.A. Yacht Squadron, North Haven.