



## RATTLESNAKE ISLAND PASSAGE

COVID 19

Confirmation Form

Boat Name: \_\_\_\_\_ Sail # \_\_\_\_\_

By signing below, I confirm that I have reviewed the 4-question Health questionnaire with each party that intend to accompany me on the above-identified vessel, and that the only parties who shall ride on the vessel passed the Health Questionnaire (i.e., Affirmed all four of the questions).

OWNER/SKIPPER Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_, 2020

Owner/ Skipper Name: \_\_\_\_\_

A copy of this form must be provided to the Organizing authority within 2 hours of participating in this event; this can be sent as a scan, photo or via electronic signature. In the absence of receipt of this completed form the vessel is not permitted to participate in the event.

Thank you for your cooperation.

West Kelowna Yacht Club

Rattlesnake Island Passage 2020

Organizing Authority.