

ROLEX MIDDLE SEA RACE 2020



Emergency Information

Boat Name Sail No

Numbers of phones on board (please give full number including area code and include any satellite phones)

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PRIMARY CONTACT PERSON IN AN EMERGENCY

(A person not on board who is nominated as first person to be contacted in an emergency)

Name _____ Telephone _____

Address _____

Please describe below any medical condition of any crew member which may be relevant in circumstances of search and rescue:

(This information will be treated with confidentiality and only passed on to SAR authorities in an emergency)

Signed (Person in Charge) _____ Date _____