



Application for participate Sail Karlskrona 2010, 11 – 14 August		
Name of the ship:		
Type of ship:		
Home port:		
Interest for sailing tour during Karlskrona 2010		Yes <input type="checkbox"/> No <input type="checkbox"/>
Number of days and hours for sailing tours:		
Number of passengers at a time:		
Length of ship:	LOA:	Year of building:
Deep going:	Ship's call sign:	
Telephone on board:	Captain:	
Number of crew:		
Owner of the ship/ Person to contact:		
Address:		
Zip-code, Town:		
Telephone:	Mobile phone:	
Fax:	E-mail:	
Participate in Hiorten Race:		Yes <input type="checkbox"/> No <input type="checkbox"/>
Special requirements as water, electricity etc:		
Arrival Date:	Departure date:	

For more information please contact: Lena Ohlsson, E-mail: lena.c.ohlsson@karlskrona.se , Phone: +46 455 30 30 72
www.karlskrona.se/sail

Please send your application to:
 AB Arena Rosenholm Karlskrona
 Stortorget 2
 SE - 371 34 Karlskrona
 SWEDEN
 or Fax: +46 455 30 34 94