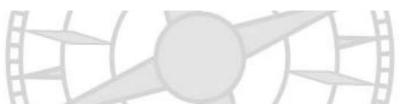
## SchoonerSail Sailing Holidays

e: info@schoonersail.com





Booking Application Form						s no fixed uppe				
Details of the voyage you would like to book		We are happy to cater for most diets but the details must be notified and agreed with us in advance.								
Dates	ates			Do You Have Any Special Dietary Requirements?						
From/to										
Total voyage fee										
Your Details										
Name		We ne	ed to ki	now your a	approximate h	neight and weig	ht to			
Address		assess what size wet weather weather gear you will need.  Age Height Weight								
			know		ho following	apply to you.	Yes	No		
					<u> </u>		168	INO		
Post code		Are you taking any regular medication or regularly using any medical appliances?								
<b>Email</b> Write this clearly, check it for errors. We send booking confirmations and joining instructions to you by e mail.		Do you have any medical conditions that might affect your ability to fully participate in all the activities involved with sailing on Trinovante?								
		Have y	ou hac	l any accid	lent, operatio	n or serious				
Home phone no.		illness which might affect your ability to fully participate in all the activities involved with sailing								
Mobile phone no.		on Trinovante?								
Date of birth		If you	have a	nswered	yes or ticked	any of the ab	ove yo	u		
Previous sailing experience if any		can us	se the i	oox below	to give brie	r details.				
Details of a respons	ible person ashore	Lagro	o to the	following	g statements		Voc	N.		
Name							Yes	No		
Address		I have read,understood and agree to the terms and conditions and have accurately filled in this form.								
				I will not be pregnant when I am sailing on board						
			I can easily climb a 3 metre vertical ladder unaided,							
Post code		jump down from a height of 0.8m and step across a gap of 0.8m,								
E mail		I agree	to take	e out an ap	opropriate tra	vel insurance				
Home phone no.			policy if required in the terms and conditions.  I enclose a cheque for 35% of my voyage fee							
Mobile phone no.		I will make a bank transfer for 35% of my voyage			+					
Relationship to you		I will pay by credit card online through pay-pal.								
Dietary Requirements and Health:						i pay pai.				
We may contact you if we need more information about any of your answers to the following questions. Ticking a box below does not mean you can't sail with us. You do not need to be a super fit to sail on Trinovante but you do need a reasonable level of agility.  Unfortunately for safety reasons we cannot take people sailing		Please do not pay us or pay for or finalise any travel arrangements or other arrangements until we confirm in writing that we have a berth available for you.								
			ements	or other a	rrangements	until we confirm		ting		
			ements	or other a	rrangements	until we confirm		ting		
Unfortunately for safe	f we need more information about any of ollowing questions. Ticking a box below an't sail with us. You do not need to be a novante but you do need a reasonable	that we	ements e have	or other a	rrangements	until we confirm		ting		

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