

Vital Spark Sailing - Booking Form

Mobile: 07767 346716

E-mail: manlyp@btinternet.com www.vitalsparkssailing.co.uk

Cruise Required and Date

Name	Address
Tel Home: Tel Mobile:	E-mail:
Date of Birth	Male/Female

RYA Qualifications:

Sailing Experience:

Special Dietary Requirements:

Next of Kin (Name and Telephone):

Medical Declaration. I declare that to the best of my knowledge I do not suffer from any medical disability such as Epilepsy, Asthma, Angina, Diabetes, dizzy spells or any other heart condition and I am fit to participate in the sailing activity (weekend or cruise). Please state any illness, disabilities, medication received. If none, please state "none". Your medical conditions do not necessarily preclude you from taking part but we must have relevant details.

Medical Conditions:

Insurance. We recommend that you have a medical and travel insurance policy that covers sailing and repatriation if you get injured or become ill.

Administration Charge. We do not ask for a deposit to be made at the time of making a booking, however please note that if you cancel within six weeks of the proposed cruise date we make a £50 administration charge. This is not applicable to weekend bookings.

Signed: Date:

Please send completed form to: Peter Manly, 24 Manor Road South, Esher, Surrey KT10 0QL