

GROUP COURSE BOOKING FORM

PLEASE COMPLETE THE FOLLOWING BOOKING FORM IN FULL FOR ALL CANDIDATES IN YOUR GROUP/FAMILY, FOR WHOM YOU HAVE AUTHORITY TO DO SO, SIGN AND RETURN.

FULL NAME OF LEAD CANDIDATE	
HOME ADDRESS (including post code)	
MOBILE NUMBER	
EMAIL ADDRESS	
DATE OF BIRTH	
PASSPORT NUMBER	
NAME OF NEXT OF KIN	
RELATIONSHIP TO YOU	
NEXT OF KIN ADDRESS	
NEXT OF KIN CONTACT NO	
COURSE NAME	
COURSE START & FINISH DATE	
COURSE FEE	
PREVIOUS SAILING EXPERIENCE OR QUALIFICATIONS (IF ANY)	
ANY DIETRY REQUIREMENTS	

2ND COURSE CANDIDATE

FULL NAME	
HOME ADDRESS (including post code)	
MOBILE NUMBER	
EMAIL ADDRESS	
DATE OF BIRTH	
COURSE FEE	
PREVIOUS SAILING EXPERIENCE OR QUALIFICATIONS (IF ANY)	
ANY DIETRY REQUIREMENTS?	

3rd COURSE CANDIDATE

FULL NAME	
HOME ADDRESS (including post code)	
MOBILE NUMBER	
EMAIL ADDRESS	
DATE OF BIRTH	
COURSE FEE	
PREVIOUS SAILING EXPERIENCE OR QUALIFICATIONS (IF ANY)	
ANY DIETRY REQUIREMENTS?	

4TH COURSE CANDIDATE

FULL NAME	
HOME ADDRESS (including post code)	
MOBILE NUMBER	
EMAIL ADDRESS	
DATE OF BIRTH	
COURSE FEE	
PREVIOUS SAILING EXPERIENCE OR QUALIFICATIONS (IF ANY)	
ANY DIETRY REQUIREMENTS?	

Booking Declaration

By signing below I certify that:
 I am authorised and have permission to make this booking on behalf of all persons included on this form and that I have read and agree to the booking terms and conditions and that this booking is made upon, and subject to, those terms

Signature.....

Date.....