

Universal Sailing School Course Booking Form

Personal Details

| | |
|---|------------------------------------|
| Names of Students: | Dates of Birth: |
| Address: Post Code: | Tel:- (daytime) |
| | Tel:- (evening) |
| | Mobile: |
| | Email: |
| Occupation: | Nationality: |
| Vegetarian Food Required: | Other Dietary Requirements: |
| RYA Membership No. (optional - only used when we are registering certificates with the RYA): | |
| *** Passport size photo - required for all Day Skipper, Coastal Skipper & YM certificates - please give to your skipper*** | |

Course Summary

| | | | |
|-------------------------------|--|------------------------------------|-------------------------------------|
| Course Required | | Cost | |
| No. of Students | | Total Cost | |
| Start Date & Time | | End Date & Time | |
| Log Book Req - £7 each | | Waterproof Hire £25 per set | S M L XL (please indicate sizes) |

Sailing Experience Summary (leave blank if no experience held)

| | | | |
|-------------------------------------|--------------------------|---------------------------|----------------------------|
| RYA Qualifications (if any): | | | |
| Miles: | Days at Sea: | Night Hours: | Overnight Passages: |
| Passages over 60 miles: | Skipped Passages: | VHF Radio Licence: | |

Health Declaration

| |
|--|
| Details of any medical treatment being received (if none, write none) |
| |
| <p>I declare that to the best of my knowledge I am not pregnant, suffering from epilepsy, disability, giddy spells, asthma, diabetes, angina, or other heart condition, and I am fit to participate in the course. I will notify Universal Sailing School if any condition arises prior to the commencement of the course, which may affect my ability to participate.</p> |
| Signature: _____ Date: _____ |
| If you suffer from any of the above, it does not necessarily prevent you from taking part in the course, but the school principal and your instructor must be aware of any potential problems. If you are in doubt about your fitness to take part please ask your GP for advice. All medical information will be regarded as confidential. |

Next of Kin Please provide Next of Kin contact details in case of emergency

| | |
|------------------|---------------|
| Name: | Address: |
| Contact Tel. No: | Relationship: |

Payment Details

| | |
|---|---|
| Deposit: Deposit is 25% of Course fee (if booking more than 6 weeks before course start) | Balance: Date Due: |
| Cheques: Please make cheques payable to Universal Sailing School Ltd | |
| Bank Transfers: Universal Sailing School Ltd, Lloyds Bank Plc, Sortcode: 30-93-97, A/C Number: 30005160 | |
| Credit & Debit Cards: <i>Please select</i> DEBIT CARDS ACCEPTED:- VISA DEBIT • DEBIT MASTERCARD CREDIT CARDS ACCEPTED: VISA • MASTERCARD <i>(2.5% processing fee applies for credit card payments, 3.3% for company credit cards)</i> | |
| Credit / Debit Card Number: | |
| Name on Card: Address of Card Holder: | Please charge my card with £ _____ Signature: _____ Date: _____ |
| Expiry Date: | Issue No. / Start Date: _____ Security No: _____ |

Marketing

Where did you hear about Universal Sailing School?

Booking Declaration

I confirm that the information given above is correct and I have read and agree with the Terms & Conditions as set out by Universal Sailing School Ltd (copy attached), which form part of this agreement. If under 18 please state date of birth and this form must also be signed by a parent/guardian.

Signed: _____ Date: _____

| |
|---|
| <p>Universal Sailing School Ltd 5 Commonside, Westbourne, Emsworth, West Sussex, PO10 8TA T: 01243 697274 M: 07884 183299 & 07798 563860 E: info@universalyachting.com W: www.universalsailingschool.co.uk</p> |
|---|