

L'Ecume des Mers

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BOOKING FORM 2012

Full name:	Mr/Mrs/Miss/Ms
Address:	
E-mail address:	
Mobile telephone number:	
Home telephone number:	
Name of next of kin:	
Contact telephone number of next of kin:	
Boat joining date:	
Boat leaving date:	
Medical treatment being received or condition that should be made known to the skipper:	
Special dietary requirements :	
Waterproof status:	I have my own <input type="checkbox"/> I wish to borrow some <input type="checkbox"/>
I wish to follow a course <input type="checkbox"/> (Please specify)	Competent Crew <input type="checkbox"/> Day Skipper <input type="checkbox"/> Costal Skipper <input type="checkbox"/> Yachtmaster <input type="checkbox"/>
I do not wish to follow a course <input type="checkbox"/>	
Total cost of cruise:	£505.00
20% deposit now enclosed	£

On the reverse of this form, please give a brief résumé of your sailing experience to date.

Declaration:

I declare that to the best of my knowledge I am not suffering from angina, asthma, diabetes, epilepsy, Giddy spells or heart abnormality. I do not/do suffer sometimes/suffer often* from seasickness and that I am fit to participate on the cruise/course. (* Please delete as appropriate)

Signature:	Date:
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