

BOOKING FORM & sailing résumé

HOLIDAY DETAILS PLEASE CONTACT THE OFFICE TO CONFIRM AVAILABILITY BEFORE SENDING IN THIS BOOKING FORM

<p>For your own protection and the safety of our yachts, it is important that our charterers are well qualified therefore we request you fill in this resume completely.</p> <p>No matter what your level of sailing experience, Venture can provide you with a great holiday. We encourage charterers with less experience to take advantage of hiring a professional skipper for a few days. Venture Sailing reserve the right to place a skipper aboard at your expense if we feel necessary. All yachts are insured.</p>	<p>NAME OF PARTY LEADER: _____</p> <p>ADDRESS: _____</p> <p>_____ POST CODE: _____</p> <p>Email: _____</p> <p>TEL. (daytime): _____</p> <p>TEL. (evening): _____</p> <p>Next of Kin/Emergency contact details: _____</p>
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<p>Type of Holiday: (please give full particulars, flotilla, bareboat, crewed etc.) _____</p>	<p>DEPARTURE DATE: _____</p>
<p>NUMBER OF WEEKS: _____</p>	<p>TRANSFERS: YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>FLIGHT DETAILS</p>	
<p>Arrival Airport _____ Date _____ Time _____ Flight No. _____</p>	<p>Departure Airport _____ Date _____ Time _____ Flight No. _____</p>

SKIPPER & CREW DETAILS (PARTY LEADER FIRST, NAMES MUST BE AS PER PASSPORTS)						
Title	First Name	Surname	D.O.B	Nationality	Passport Number	Full sailing experience and/or qualifications

SKIPPER RESUME									
<p>Have you BAREBOAT chartered before? _____</p>	<p>Sail – <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Power – <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>If yes, list largest boat:</p>						
<p>Charter Company _____</p>	<p>Size and Type of boat _____</p>	<p>location _____</p>	<p>When _____</p>	<p>Skipper <input type="checkbox"/></p>	<p>Crew <input type="checkbox"/></p>	<p>Sail <input type="checkbox"/></p>	<p>Power <input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Have you taken a sailing course? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, which one: _____</p>									
<p>How long have you been actively skippering? _____</p>					<p>How many days per year? _____</p>				

SKIPPER RESUME – Continued

Please indicate your experience and working knowledge of the following:

ANCHORING/DOCKING

- | <u>Working knowledge</u> | <u>no.of times</u> |
|---|--------------------|
| <input type="checkbox"/> Picking up a mooring | _____ |
| <input type="checkbox"/> Single bow anchor | _____ |
| <input type="checkbox"/> Double bow anchor | _____ |
| <input type="checkbox"/> Bow & stern anchor | _____ |
| <input type="checkbox"/> Mediterranean mooring | _____ |
| <input type="checkbox"/> Docking alongside | _____ |
| <input type="checkbox"/> Operating yacht engine | _____ |

NAVIGATION

- Working knowledge
- Reading nautical charts
 - Plotting
 - Piloting
 - Dead reckoning
 - Chart plotter / GPS

TYPE OF SAILING

- Do you primarily
- Day-sail
 - Cruise
 - Race
 - Power boat

CATAMARAN SAILING

Do you have experience skippering a catamaran with dual inboard auxiliary engines, or any twin screw power vessel?
 No Yes If yes, describe your experience:

And medical and/or dietary information of importance. Please include preferred drinks/beverages if taking a fully crewed charter holiday.

Attached copy of personal Travel & Cancellation Insurance.
 It is a condition of your booking that you have adequate Travel and Cancellation Insurance. Please ensure that your policy covers you for the sporting activity of which you are participating. We strongly advise you also have adequate Medical Insurance cover.

INSURER:

SIGNED:

DATE:

On behalf of the persons named overleaf, I accept the Booking Terms & Conditions detailed in the Venture Sailing Ltd brochure and website which form part of this contract.

If under 18 years of age, this should be signed by a parent or guardian.

NAME:

SIGNED:

DATE:

Please post or fax this booking form plus a copy of your Travel & Cancellation insurance to the details below.
 For payment by BACS TRANSFER: Account Name: Venture Sailing Limited. Account No: 05063906. Sort-code: 72-00-00.
 Please makes cheques payable to **VENTURE SAILING LTD** and post to the address below.

FOR OFFICE USE ONLY:	
Balance Due By:	£ _____

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