

# BOOKING FORM & sailing résumé

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

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.

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.

NAME OF PARTY LEADER: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_ POST CODE: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 TEL. (daytime): \_\_\_\_\_  
 TEL. (evening): \_\_\_\_\_  
 Next of Kin/Emergency contact details: \_\_\_\_\_  
 \_\_\_\_\_

**Type of Holiday:** (please give full particulars, flotilla, bareboat, crewed etc.) \_\_\_\_\_  
 DEPARTURE DATE: \_\_\_\_\_  
 NUMBER OF WEEKS: \_\_\_\_\_  
 TRANSFERS: YES  NO

**FLIGHT DETAILS**  
 Arrival Airport \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ Flight No. \_\_\_\_\_  
 Departure Airport \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ Flight No. \_\_\_\_\_

**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**

Have you BAREBOAT chartered before? Sail –  No  Yes Power –  No  Yes If yes, list largest boat:

Charter Company	Size and Type of boat	location	When	When	Skipper	Crew	Sail	Power
					<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"/>

Have you taken a sailing course?  No  Yes If yes, which one: \_\_\_\_\_  
 How long have you been actively skippering? \_\_\_\_\_ How many days per year? \_\_\_\_\_

**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.

Triscombe Racing Stables, Bishops Lydeard, Taunton.  
 Somerset. TA4 3HG. **T/F. 01984 618270**  
**E. info@venture-sailing.com**  
 www.venture-sailing.com

FOR OFFICE USE ONLY:

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Balance Due By: \_\_\_\_\_ £