

FIRST & LAST NAME	
EMAIL	
HOME PHONE	
MOBILE PHONE	
ADDRESS	
NATIONALITY	
DATE OF BIRTH	
NEXT OF KIN & EMERGENCY CONTACT	NAME TELEPHONE ADDRESS (if different from above)
MEDICAL CONDITIONS & MEDICATION	
DIETARY NEEDS	(Motor cruising practical courses only)
SWIMMING ABILITY	<input type="checkbox"/> NONE / WEAK SWIMMER <input type="checkbox"/> SWIMMER (Practical and sea survival courses only)
DETAILS OF COURSES BOOKED	
ARE YOU STAYING ONBOARD?	<input type="checkbox"/> YES <input type="checkbox"/> NO (Motor cruising practical courses only – we suggest you plan for all weather and eventualities)
QUALIFICATIONS & EXPERIENCE TO DATE	
BOAT DETAILS & LOCATION	(Own boat tuition only)

- I confirm I have read the booking conditions, am willing to comply with all safety regulations and am fit to participate in the course activities.
- Other than stated on the booking form I have no other medical conditions. This includes, but shall not be limited to, angina or other heart conditions, asthma, diabetes, dizzy spells and epilepsy.
- Tick here if you wish to receive Marine Matters special offers and latest news (information not shared with third-parties)**

Signed

Date.....