



ADVENTURES OFFSHORE
TALL SHIPS RACES 2010 - INDIVIDUAL BOOKING FORM

TOLKEN, THE LANE, WEST MERSEA, COLCHESTER, ESSEX CO5 8NT
 Tel: 01206 385071 Fax: 01206 386716 E-mail: sailing@adventuresoffshore.co.uk

Office use only
BOOKING REF

 Invoice no.

Full Name: (Mr/Mrs/Ms/Miss) _____
 Address _____
 _____ Postcode _____ ☎ Mobile _____
 ☎ Day _____ ☎ Eve _____ E-mail _____
 Age _____ Male / Female Date of birth _____ Place of birth _____
 Occupation _____ Nationality _____
 Passport No. _____ Expiry Date _____
 Doctor's Name _____ Doctor's ☎ _____
 Do you hold an RYA practical qualification? _____ No. of previous trips with Adventures Offshore _____
 Yes No If yes, please state _____
Details of Responsible Person Ashore to be contacted if necessary:
 Name _____ Relationship _____
 Address _____
 ☎ Day _____ ☎ Eve _____ ☎ Mobile _____
Special Dietary Requirements: Vegetarian Vegan Other (please specify) _____

Medical Conditions (including allergies) and Treatments - please give full details on separate sheet if appropriate:
 Condition/allergy _____
 Treatment _____
 Medication _____

Voyage Details: Vessel **OCEAN SCOUT / OFFSHORE SCOUT** *(delete as appropriate)*
Please tick the voyage and complete the costs below (which are per person and include insurance)

<input type="checkbox"/>	Outward Bound	Ipswich to Antwerp	4th - 11th July	(£364 excl travel costs)	£ _____
<input type="checkbox"/>	TS Race 1	Antwerp to Aalborg	11th - 22nd July	(£499 excl travel costs)	£ _____
<input type="checkbox"/>	Cruise-in-Company	Aalborg to Kristiansand	22nd - 30th July	(£416 excl travel costs)	£ _____
<input type="checkbox"/>	TS Race 2	Kristiansand to Hartlepool	30th July - 9th August	(£468 excl travel costs)	£ _____
<input type="checkbox"/>	TS Regatta	Hartlepool to Amsterdam	9th - 20th August	(£499 excl travel costs)	£ _____
<input type="checkbox"/>	Sail Amsterdam	Amsterdam to Ipswich	20th - 28th August	(£416 excl travel costs)	£ _____
Total Cruise Fees					£ _____
Please make cheques payable to "Adventures Offshore" or contact the office if you wish to pay by credit/debit card.					Deposit required (25%) £ _____

This declaration must be signed by the applicant if aged 18 or over, or by the parent/legal guardian if the applicant is under the age of 18.

- I hereby give my consent for the person named above to take part in a voyage with Adventures Offshore.
- I have provided details of any medical or other condition which might affect the performance or safety of the applicant or others.
- I consent to the person named above being given emergency medical treatment including the administration of anaesthetic should it be necessary and authorise Adventures Offshore staff to give permission as may be necessary for such treatment to proceed.
- I have read and accepted the "Adventures Offshore Notes and Conditions on Booking a Voyage".

Signed _____ Name (block capitals) _____