

**ADVENTURES OFFSHORE****TALL SHIPS RACES 2011 - INDIVIDUAL BOOKING FORM**

TOLKEN, THE LANE, WEST MERSEA, COLCHESTER, ESSEX CO5 8NT

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**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)** Outward Bound Ipswich to Stavanger 17th - 29th July (£595 excl travel costs) £ _____ Tall Ships Race Stavanger to Halmstad 29th July - 7th August (£495 excl travel costs) £ _____ Copenhagen Cruise Halmstad to Rendsburg 7th - 14th August (£385 excl travel costs) £ _____ Amsterdam Cruise Rendsburg to Amsterdam 14th - 22nd August (£440 excl travel costs) £ _____ Homeward Bound Amsterdam to Ipswich 22nd - 29th August (£385 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) _____