



ADVENTURES OFFSHORE
INDIVIDUAL BOOKING FORM 2010

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 of choice: OCEAN SCOUT / OFFSHORE SCOUT *(delete as appropriate)*

Start Day and Date: _____ **End Day and Date:** _____

	14-25 yrs	Over 26 yrs (July - Sept)		
Weekend	£ 98.00	£ 137.00	£ _____	Please make cheques payable to "Adventures Offshore" or contact the office if you wish to pay by debit/credit card.
3 day weekend	£ 148.00	£ 209.00	£ _____	
5 day cruise	£ 258.00	£ 360.00	£ _____	
7 day cruise	£ 363.00	£ 502.00	£ _____	
TOTAL CRUISE FEES		£	=====	
DEPOSIT REQUIRED 25%		£	_____	

Full payment required if voyage is less than 2 months away

Declaration
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) _____
 Date _____ Relationship to applicant _____