2012 CARIBBEAN 600

PERSONAL DETAILS:

Name …….

Address ……..……

……..……..

……

Post Code……..

Home Tel ……..

Work Tel ……..

Mobile ……..

Email ……..

Date of Birth……..
Passport No …….
Passport expiry date …….
Nationality .....

Sailing experience and any sailing qualifications.

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EMERGENCY CONTACT INFORMATION:

Name …….

Address ……..……

……..……..

……

Post Code……..

Home Tel ……..

Work Tel ……..

Mobile ……..

Email ……..

Relationship……..

Dietary Requirements and any Medical conditions

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PAYMENT DETAILS

Credit Card Card No | | | | | | | | | | | | | | | | |

Expiry Date | | | | | Issue No | | Security Code | | | |

I authorise payments to be made via my credit card details for services provided

Signature ……Date ……

Bank Transfer: Windward Sailing Barclays Bank Sort Code 20-60-55 Account Number 50101028

Age	
Height	
Weight	
Smoker	
Fitness rating (1 very fit – 10 unfit)	
Medical Conditions	

Windward Sailing Yacht Charters
15 Spencer Glade Ryde Isle of Wight. PO33 3AJ Tel 01983 612800
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