



Reach 4 the Wind – Booking Form

Name:			
Address:			
Tel Evening:		Mobile :	
Tel Day		E-mail :	

Activity			
Date	From		To
2 nd Choice	From		To

Sailing Experience:

I confirm that I am able to swim at least 50 metres	Yes		No	

Shore Contact in Case of Emergency (next of kin):

Tel	

Health:

Are you, to the best of your knowledge, fit to take part in this activity	Yes		No	
Do you to the best of your knowledge suffer from epilepsy, disability, giddy spells, diabetes, angina, or other heart condition, asthma or similar ailment – please specify:				
Are you on any form of Medication?	Yes		No	If yes please give details above

Do you have any Special Dietary Requirements?

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Signature		Date
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