

## Hot Liquid Sailing - Gibraltar Sea School Booking Form

Personal Details	
Name:	Date of Birth:
Address:	Postcode:
Telephone Day:	Gender:
Mobile:	Passport no:
Email:	

Course Details	
Course Start Date:	End Date:
Competent Crew	Day Skipper
ICC Flotilla	Day Skipper Fastrack

Previous Experience
Sailing qualifications held:
Previous experience including miles logged:

Travel Arrangements	
Inbound Flight No:	Date:
Landing time:	Other:

Shore Contact Details	
Please give contact details of someone who is not joining you, that we may contact if required:	
Name:	Contact Numbers:
Address:	
Postcode:	

Health Declaration
Please supply details of any medical treatment being received. If none write none:
Vegetarian Y - N
I declare that to the best of my knowledge, I am not suffering from epilepsy, disability, giddy spells, asthma, diabetes, angina, or other heart condition and that I am fit to participate on the course.
Signature:

Declaration	
Signing this document confirms that I have read & understood Hot Liquid's Sea School Booking Conditions document.	
Signed:	Date:

Where did you hear about Hot Liquid			
Yachting Press	Internet	Boat Show	Recommendation
Other			

**Please return this form by fax or post using the contact details below.**

**Hot Liquid Sailing Ltd**  
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