

HOT LIQUID RACING
BOOKING FORM



Personal Details	
Name:	Date of Birth:
Male / Female:	
Address:	Postcode:
Telephone Day:	Evening:
Mobile:	Fax:
Email:	Polo Shirt Size:

Event Details		
Event Name:		
Start Date:	End Date:	Event Fee:

Previous Experience
Sailing qualifications held (if any):
Previous racing experience (dinghies or yachts):
Previous cruising experience, including miles logged:

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

Health Declaration
Please supply details of any medical treatment being received. If none write none:
Vegetarian Y / N

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

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