

Hot Liquid Sailing - Booking Form

PERSONAL DETAILS	
Name:	Date of Birth:
Address:	
Postcode:	Gender:
Telephone Day:	Mobile:
Email:	

COURSE					
Course Start Date:			End Date:		
Practical Courses			Shorebased Courses		
Start Yachting	Master Class - Power	Day Skipper Theory	First Aid		
Competent Crew	Master Class - Sail	Coastal/Yachtmaster	VHF SRC Radio		
Day Skipper	RYA / MCA Exams	Radar	STCW 95		
Day Skipper Fastrack	Yachtmaster Coastal	Diesel Engine	Power Boat Level 2		
Coastal Skipper	Yachtmaster Offshore	Sea Survival			
Other:					

PREVIOUS EXPERIENCE (practical courses only)
Sailing qualifications held:
Previous 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
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 US?				
Yachting Press	Internet	Boat Show	Recommendation	
Other (please state):				

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