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| Date of Voyage | | | | |  | | | | | | | | | | | | | |
| Voyage Ref No | | | | |  | | | | | |  | | | | | | |  |
| **TRAINEE PERSONAL DETAILS as in Passport** | | | | | | | | | | | | | | | | | | |
| Title |  | | Surname | | | |  | | | Forenames | | | |  | | | | |
| Address |  | | | | | | | | | | | | | | | | | |
| Tel. Home | | | | | | | |  | | | | | | | Mobile | | | |
| Passport no. | | | | | | | | Nationality | | | | | | | Valid until: | | | |
| Email |  | | | | | | | | | | | Date of Birth (dd/mm/yyyy | | | |  | | |
| **NEXT OF KIN** (who will not be on board with you) | | | | | | | | | | | | | | | | | | |
| Name |  | | | | | | | | | | | | Relationship | | | |  | |
| Address |  | | | | | | | | | | | | | | | | | |
| Tel. Home: | | | | | | | | Email: | | | | | | | Mobile: | | | |
| **DIETARY REQUIREMENTS:** | | | | | | | | | | | | | | | | | | |
| Vegetarian ❑ | | Vegan ❑ | | | | Gluten free ❑ | | | Dairy Free ❑ Other : | | | | | | | | | |
| Food allergies : | | | | | | | | | | | | | | | | | | |
| **Trip costs**   |  |  | | --- | --- | | **25% Deposit due by** |  | | **Balance due** |  |  * BACS Cooperative Bank, sort code 08-92-50 A/C 68363200 * OR Cheques made payment to Adventure Under Sail | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
|  | | | | **PLEASE REMEMBER TO SIGN THE TERMS AND CONDTIONS ATTACHED** | | | | | | | | | | | | | | |
| **NOTE 2:** | | | | **PLEASE COMPLETE THE ATTACHED HEALTH STATEMENT** | | | | | | | | | | | | | | |