ACTIV POWER and SAIL LTD, BOOKING FORM

**Main Contact Information**

Name: Email:

Full Address:

Post Code:

Mobile: Alternate Phone:

**Complete for All Events, including information for the Main Contact Person**

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| --- | --- | --- | --- | --- | --- | --- |
| First Name | Surname | Email | D.o.B. | M/F | Sailing Experience | Event Required |
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Does anyone in your group have a special diet?

**Medical Declaration**

Do you, (or anyone in your group, if you are coming with a group) have any medical conditions that we should be aware of? It is unlikely that having such a condition would prevent you from taking part, but we need to know, in order to help you. Please detail overleaf any conditions and medications taken.

**Event Dates, From To**

**Event Fees**

Event: Fee: £ x No. of People = Total £

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**Payments**

* Please pay by Bank Transfer? Using your name as the reference, send to

Activ Power and Sail Ltd, Nat West, 60-07-17, 42507170.

Enclosed is the Full Amount \_\_\_\_\_ Enclosed is a 25% Booking Deposit \_\_\_\_\_

I have read and agree the terms and conditions (overleaf),

**Signed Date**