Sailing School Malta

Surname and Title:

Address including post code:

First name:

Geoemms 3 Triq Hal Kaprat Santa Venera SVR 1671 info@sailingschoolmalta.com Tel/WhatsApp: +356 9964 3706 / +34 609146730 (online booking)



Booking form for RYA Courses and Charter

Previous experience

Personal Details – Please fill in a separate sheet for each person

Practical

Theoretical

Mobile:	<u>Cost details</u>	Cost details	
Email address:	Course or charter fee	Course or charter fee	
Nationality:	Already paid		
Passport or ID number:	Remaining balance		
Date of Birth:			
Special dietary needs:	We accept bank transfer,	credit card or paypal. Please contact us for details.	
	Declaration for skippe	rs courses only	
Know medical	I have understood the do	I have understood the document "Choosing the right RYA Course for me"	
conditions, previous	https://www.sailingschoolmalta.com/courses/choosing-the-right-course		
injuries and treatment:	and have the prerequisite	e knowledge for the course I have booked.	
Dates Required	Signed	Date	
From: To:	Declaration		
	I declare that to the best	of my knowledge, I am not suffering from :	
RYA Courses	Epilepsy, Giddy Spells, Asthma, Diabetes, Angina or other heart conditions heart conditions (other than previously advised in confidence) and that I		
Which course are you applying for ?	am fit to participate in the requested course, holiday or charter. I have arranged adequate insurance cover.		
Number of places	I agree to the Terms of B	I agree to the Terms of Business provided.	
Next of Kin details			
NOK Contact tel	Signed	Date	

<u>Notes</u>

- ightarrow If booking for a group, please advise personal details for each member of the party on a separate sheet.
- \rightarrow See website for details of GDPR procedures, Terms and Conditions.
- \rightarrow Passport photos are needed for licences.