

<b>Party Leader Name:</b>			
<b>Address for all correspondence:</b>			
			<b>Post Code:</b>
<b>Tel: Home:</b>	<b>Work:</b>	<b>Mobile:</b>	
<b>Fax:</b>	<b>Email:</b>		

<b>Holiday Details</b>			
<b>Holiday Country:</b>	<b>Start Point:</b>	<b>End Point:</b>	
<b>Start Date:</b>	<b>Leaving Date:</b>	<b>No. of Days:</b>	
<b>Departure Airport:</b>		<b>Arrival Airport:</b>	
<b>Proposed Itinerary: (please complete)</b>			

<b>Holiday Extras (please tick if required)</b>	
<b>Windsurfer Hire (80 euros per week)</b>	<b>Provisioning – see www.yachtsfood.com</b>

<b>Party Member Details (please start with Party Leader)</b>						
	<b>Title (Mr/Mrs etc.)</b>	<b>First Name</b>	<b>Surname</b>	<b>Passport Number</b>	<b>Nationality</b>	<b>Occupation</b>
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

<b>Medical</b>
<b>Does any member of your party have a medical condition or special need that Sirena Sailing should be aware of? YES/ NO</b>
<b>If “Yes” please specify:</b>

<b>Skipper’s Sailing Experience</b>
<b>Sea Miles</b>
<b>Protected Waters Days: Miles: Night hours:</b>
<b>Open Waters Days: Miles: Night hours:</b>
<b>Charter Experience</b>
<b>Yachting Certificates Held</b>

<b>Other</b>
<b>Details of person who may be contacted in an emergency:</b>
<b>Source of contacting Sirena Sailing:</b>
<b>If you think any of your friends/family would be interested in receiving a copy of Sirena Sailing 2005 brochure, please note down their names and addresses below:</b>

<b>Acceptance of Booking Conditions</b>
<b>I certify that I am authorised to make this booking on behalf of the persons named above and that I am responsible for payment of all monies in respect of this booking. I have read and agree to abide to the booking conditions.</b>
<b>Signature:</b>
<b>Date:</b>