



PIONEER SAILING TRUST

VOYAGE BOOKING FORM

Please print clearly in block capitals and return to:

Harkers Yard, Shipyard Estate
Brightlingsea,
Essex CO7 0AR

Telephone: 01206 303373

Email: info@pioneersailingtrust.org.uk

Web: www.pioneersailingtrust.org.uk

GROUP NAME.....DATE OF VOYAGE.....

PERSONAL DETAILS

First name:		Surname:		
Date of birth:		Age:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Address:				
Post code:				
Contact 'phone number				

DETAILS OF RESPONSIBLE PERSON ASHORE

Full name:		Relationship:	
Address:			
Post code:			
EMERGENCY PHONE:		EMERGENCY MOBILE:	

MEDICAL CONDITIONS – Including pregnancy and allergies

If you have a medical condition which might suddenly incapacitate you and/or others and/or for which prescribed drugs are required and/or have recently been discharged from hospital please see, and comply with the note under “Health” in the Terms & Conditions sheet Please tick box

Please give details of such medical condition(s).....

Are there any other conditions the crew should be aware of? Please tick box

If so, what are they?.....

I have **no** such medical condition or other condition Please tick box

Doctor's name: Doctor's 'phone no.....

SWIMMING

I can swim 50 metres YES NO

DECLARATION

The declaration must be signed by the applicant if aged 18 or over or by the parent/guardian if the applicant is under the age of 18

- I consent to the applicant taking part in sailing aboard Pioneer
- I have provided details of any medical, or other condition which might affect the performance or safety of the applicant or others
- I consent to the applicant being given emergency medical treatment
- I agree to the terms & conditions provided and will comply with them
- I do **not** wish any photos/video taken during the voyage to be used by The Pioneer Sailing Trust Please tick

SIGN NAME.....RELATIONSHIP (IF APPLIC).....DATE.....