



Sailing School Booking Confirmation Form

Student Name: _____ Booking Ref & Reservations Consultant Name: _____
 Address for all correspondence: _____

 Date of Birth: ____/____/____ Email Address _____
 Telephone Day: _____ Evening: _____ Mobile: _____

YOUR ARRIVAL & DEPARTURE DETAILS

Arrival Date: ____/____/____ Flight Number: _____ Flight Time: _____
 Departure Date: ____/____/____ Flight Number: _____ Flight Time: _____

RESORT ACCOMMODATION DETAILS

If you would like us to arrange accommodation for before or after your course please advise details below or contact your reservations consultant for more information.

Hotel/Resort _____ Room Type _____ Arrival Date ____/____/____ Departure Date ____/____/____
 Hotel/Resort _____ Room Type _____ Arrival Date ____/____/____ Departure Date ____/____/____

BOAT ACCOMMODATION DETAILS

Accommodation is based on a twin share cabin. A single supplement is payable for sole use - available on request.
 Please note: one student may be accommodated in the convertible saloon area.

COURSE DETAILS

Please tick which course (s) you are undertaking:

COURSE:	PREREQUISITES:
RYA Competent Crew (5 full days) <input type="checkbox"/>	No previous experience required.
RYA Day Skipper Practical (5 full days) <input type="checkbox"/>	Competent crew course or equivalent + RYA Day Skipper theory or equivalent knowledge.
RYA Coastal Skipper Practical (5 full days) <input type="checkbox"/>	Day Skipper Practical or equivalent + RYA Yachtmaster Theory or equivalent knowledge + 400 miles, 15 Days (including 2 Days as Skipper).
Sailing School Rally (5 days) (no formal qualification obtained) <input type="checkbox"/>	Competent crew course or equivalent.

SAILING EXPERIENCE

Please give us a brief outline of your previous sailing experience. If you do not have any, welcome to the wonderful world of sailing!
 Selecting a course has set you a path for gaining as many qualifications as you desire.

Have you previously done any other formal sailing qualifications YES NO If YES, please advise level and organisation issued by:

Do you have any theory certificates? YES NO If YES, please advise details:

Do you have any practical sailing qualifications? YES NO If YES, please advise details:

How many years have you been sailing? _____ How many days have you sailed in the past two years? _____

MARKETING INFORMATION

Are you a member of a yacht club? YES NO If yes, which club: _____

How did you hear of Sunsail's Sailing School? _____

What influenced you to book your course? _____

FOOD AND BEVERAGE

All meals are included in all RYA Practical courses for the duration of the course.

Please advise if you have any special dietary requirements:

Beverages with the exception of water, are not included in the course cost but can be either pre-arranged or purchased on island. Talk to your reservations consultant about your options.

PAYMENT DETAILS

Cheque Please make payable to Sunsail Australia Pty Ltd. PO Box 65, Hamilton Island Queensland 4803 Australia.

Credit Card** (Please complete even if details have already been given when booking.)

Visa Mastercard Bankcard American Express

Card holder's name: _____ Card no: _____

Expiry Date: _____ Signature of card holder: _____

**Visa, Mastercard and Bankcard payments will incur a 2% surcharge. American Express will incur a 3% surcharge

Direct Debit

Bank: National Australia Bank Account Name: Sunsail Australia Branch: Hamilton Island BSB: 084-704 Account No. 64-149-1559

Course balance: Please take the balance of my course cost from my credit card when it becomes due, 10 weeks before departure.

Additional charges: Please take any extras requested by me after the balance has been paid from my designated credit card.

HEALTH & SAFETY DECLARATION

Swimmers: It is strongly recommended that all those participating in the sport of cruising should be able to swim. It is essential that the instructor in charge of a course should know if any members of the course are non-swimmers and should require non-swimmers to wear life jackets at all times when on deck or in a dinghy.

Health: Details of any medical treatment being received (if none write "none")

I declare to the best of my knowledge, I am not suffering epilepsy, disability, giddy spells, asthma, diabetes, angina, or another heart conditions and I am fit to participate in the course. I have also read and understood the "swimmers" clause above and will advise my instructor if I am not a competent swimmer.

Name _____

Signature: _____ Date: _____

I declare that I have read and accept the terms and conditions attached and agree that my booking is subject to these conditions. I understand all the details relating to prior experience required and the accommodation and provisioning arrangements onboard.

Name _____

Signature: _____ Date: _____

In case of emergency while on my course, please notify:

Name: _____

Address _____

Phone: _____ Mobile Phone: _____

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