



BOOKING FORM

PERSONAL DETAILS

NAME

OTHER MEMBERS OF YOUR GROUP.....

.....

ADDRESS.....

POSTCODE..... TELEPHONE NUMBER

EMAIL D.O.B.

EMERGENCY CONTACT NAME TEL:

FOOD ALLERGIES/DISLIKES

MEDICAL INFORMATION

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I AGREE/DISAGREE WITH MY PERSONAL DETAILS BEING SHARED WITH THE RYA TO ENABLE CERTIFICATION.

I AGREE/DISAGREE WITH PHOTOS TAKEN ON THE CRUISE BEING SHARED ON THE WEB SITE AND VIA OTHER PLATFORMS.

I AGREE/DISAGREE THAT CONWY YACHT CHARTER MAY CONTACT ME WITH NEWS AND OFFERS.

BOOKING DETAILS

CRUISE REQUIRED DATE FROM UNTIL

CRUISE FEE TOTAL COST £.....

20% DEPOSIT £..... DUE AT TIME OF BOOKING

BALANCE £..... DUE 28 DAYS BEFORE CRUISE DATE

I AGREE TO CONWY YACHT CHARTERS TERMS AND CONDITIONS (ATTACHED)

ENCLOSED IS £BEING 20% /FULL PAYMENT OF MY CRUISE FEE. **I AGREE TO PAY THE BALANCE 28 DAYS PRIOR TO MY CRUISE AND ACCEPT THAT FAILURE TO DO SO WILL RESULT IN THE LOSS OF THE DEPOSIT.**

I DECLARE THAT TO THE BEST OF MY KNOWLEDGE THAT I/NO MEMBER OF MY GROUP SUFFERS FROM ANY MEDICAL DISORDER AND THAT I/WE ARE FIT TO PARTICIPATE IN THE CRUISE.

SIGNATUREDATE

Conwy Yacht Charter Limited, Bryn Corach Bungalow, Sychnant Pass Road, Conwy, N. Wales LL32 8NS
Telephone 07788978965 Web Address: www.conwy yacht charter.co.uk PLEASE MAKE PAYMENT ONLINE OR BY CHEQUE. **BANK DETAILS ARE: CONWY YACHT CHARTER LTD. Sort Code 40-30-07 Account No:81777467**

Company Number: 09044386 V.A.T. Registration No: 190334225