



HAVE A GO SAILING SESSION BOOKING FORM

Date of Session

Name of Party Leader

Address

Telephone

Mobile Phone

E-mail

Details of any relevant
Medical conditions for
ANY party member

Special dietary
requirements

Declaration – Please tick if you can confirm the following:

I declare I am not aware that I, or any member of my party suffers from epilepsy, giddy spells, asthma, diabetes, angina or any other heart condition.

Please return with the £100 deposit payment. Cheques payable to OB Sailing, Old Barn, Church Road, Witherslack, Cumbria.LA11 6RP