



## RYA CRUISING SCHEME BOOKING FORM

Date of Course as agreed

RYA Cruising Level One Number of people

RYA Cruising Level Two Number of people

Pre-Flotilla Training Number of people

Name of Party Leader

Additional Person/s

Address

Telephone

Mobile Phone

E-mail

Next of Kin

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 to OB Sailing, Old Barn, Church Road, Witherslack, Cumbria. LA11 6RP**