



## HAVE A GO SAILING SESSION BOOKING FORM

Date of Session

Name of Party Leader

Additional person/s

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