



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/ ICC Sail 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

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