

## Oboe D'Amore Booking Form



<b>Date of event or charter</b>	
<b>Name</b>	Male/Female
Address	
Telephone	
<b>e-mail:</b>	
Date of Birth	
Occupation	
Special dietary requirements	
Next of kin name & contact Tel	
<b>Event name :</b>	

### Sailing Experience (both practical and theory)

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### DECLARATION OF FITNESS TO TAKE PART

Details of any medical treatment being received

I declare that, to the best of my knowledge, I am not suffering from Epilepsy, Giddy Spells, Asthma, Diabetes, Angina or other heart condition, and I am fit to participate in the course.

I can swim 50 metres. Yes  No  On a good day

### PAYMENT DETAILS

We require credit card number to secure your booking. Please post a cheque made payable to **N D Backwith** to: The Longhouse, Totnes Road, Strete, Devon, TQ6 0RU  
**Cheque for:** £

*Credit card Number:*

*Expiry Date:*

*Cardholders Name*

*3 Digit Security Number*

If you do not want to send credit card details via email please call +44 7734 088839

**BOOKING CONDITIONS (in the absence of an over-riding formal charter agreement)**

- 1. A non-returnable deposit of £200 per person up to a max. of £800 is paid at the time of booking.*
- 2. Balance is due 6 weeks before the start date of the event. Bookings made within 6 weeks of the event start date must be paid in full.*
- 3. Oboe Charters reserves the right to use an equivalent coded yacht.*
- 4. The client accepts that the event or charter is undertaken entirely at his or her own risk.*
- 5. Cancellation by the Applicant: If more than 4 weeks notice is given, only the deposit will be forfeit. If notice is given less than 4 weeks before the start of the event or charter, you will be liable for the full amount. The fee cannot be refunded once the event or charter has started. Cancellation by Oboe Charters: The full fee, including deposit will be returned.*

**UNDERTAKINGS**

- 1. I understand and accept the booking conditions set out above or in an over-riding charter agreement.*
- 2. I am physically fit to take part.*
- 3. I am willing to comply with all safety requirements.*

**SIGNATURE**

Signed (or type your name if sent via email):

Date: