

CLYDE SKIPPERED CHARTERS

Stephen Maughan Yacht Services
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Booking form

Name: _____

Address: _____

Post code: _____ E-mail: _____

Tel No: _____ Mob No: _____

Type of Booking: skippered charter / mileage builder / cruise / other* (*please circle as appropriate)

Start Date: _____ End Date: _____

Attendee Name	Age	Medical Conditions	W/Proofs?	S/Bag
			S/M/L/XL/No *	Y / N*
			S/M/L/XL/No *	Y / N*
			S/M/L/XL/No *	Y / N*
			S/M/L/XL/No *	Y / N*
			S/M/L/XL/No *	Y / N*
			S/M/L/XL/No *	Y / N*
			S/M/L/XL/No *	Y / N*

* circle as appropriate

I have transferred/enclosed cheque for* £_____ as deposit due on booking.
 (Cheques made payable to 'ASYC', please or by bank transfer to Stephen Maughan Yacht Services, A&L sortcode: 72-00-00, account no: 03151700 with your name as reference)

I have read and agree to the [terms and conditions](#) of booking.

*Please see web calendar for details of deposit required.

Signed: _____ Date: _____

Office use:

Total cost:	Deposit paid:	Balance due:
Date due:	Date paid:	Confirmation pack sent: