

CSC TRAINING

Stephen Maughan Yacht Services
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Training Course Booking form

Name: _____ Date of Birth: _____

Address: _____

Post code: _____ E-mail: _____

Tel No: _____ Mob No: _____

Training course: start yacht / comp crew / day skipper / coastal skipper / YM prep* (*pls indicate)

Start Date: _____ End Date: _____

Waterproofs: S / M / L / XL / No Sleeping Bag: Yes / No

Personal Experience aboard yachts: Days on Board: _____ Miles sailed: _____ Night Hrs: _____

Medical history: please give details of any existing medical condition, any treatment being received and any dietary requirements. If none, write none:

I can swim 50m clothed/unclothed: yes / no* (*please indicate)

Declaration: I declare to the best of my knowledge, I am not suffering from epilepsy, asthma, angina, giddy spells or other heart condition, and am fit to participate in the course.

(Please call to discuss before booking if any of these conditions apply to you, or if you are concerned that your health may prevent participation)

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

Signed: _____ Date: _____

I have transferred/enclosed cheque for **£100** as deposit due on booking.

(Cheques made payable to, or by bank transfer to 'Stephen Maughan Yacht Services', A&L sortcode: 72-00-00, account no: 03151700 with your name as reference)

