

Quantum Sailing Limited - Booking– Crew List

Please complete the details below for each member of the crew:

Name			
Address			
Date of birth			
Experience to date			
Emergency contact details			
Please confirm that to the best of your knowledge, you are fit to complete this Charter			Yes / No *
Do you suffer from epilepsy, diabetes, heart disease or any other such ailments? If so, please specify:			
Do you have any special dietary requirements? If so, please specify:			
Wet Weather gear required (£5 per day, £25 per week)	Yes / No *	Small/ Medium/ Large/ X Large*	
I have read and understood the terms & conditions and fully accept them.			
Date	Signature	Print name	

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Date	Signature	Print name	

* Please delete as appropriate

