

Elite Sailing Booking Request – Flotilla Sailing. Flotilla Date:.....

Full Name	Nationality	Passport No	
Email Address			
Telephone Numbers			
Are you already an Elite Sailing Customer with an online account? Yes No If no, please complete your full address and the medical declaration below			
Passport Number			
Cabin/Berth Charter (Elite Sailing will provide the skipper). Indicate your requirement. ie No of people, No of cabins and type (double, twin bunk, saloon berth)			
Whole Yacht Charter (Unless already agreed state your requirement as No of berths, No of cabins, No of WC, and preferred length of vessel):			
Details of others in the party (Medical declarations will be requested later)			
Name	Nationality	Passport No	Age if under 18
Flight Details (if available – otherwise advise later)			
Coach Transfers Required (From/to and no of people)			
Your Address			
Medical Declaration: I have the following medical conditions that the skipper should be aware of: (eg heart or circulation conditions, diabetes – give details). I consider myself fit to sail.			
I accept the Elite Sailing Terms and Conditions published on the website			
Signature		Date	