



Stream Cottage
Pin Mill Lane
Chelmondiston,
Ipswich. IP9 1JH

Course: SEA SURVIVAL **Date of Course**

Name:
Address:

Postcode:

Home telephone: **Mobile:**

E mail:

Sailing qualifications and experience:

How did you hear about this course?

Details of any medical treatment being received, including medications: (if none write 'NONE'): _____

If you suffer from epilepsy, giddy spells, asthma, diabetes, heart condition, allergy, injury or anything else that you believe may affect you during your course, please provide details:

Can you swim 50m? Yes / No

If you may require special assistance or are unsure if the course is suitable for you please discuss it us before enrolling.

Signature: **Date:**
I declare that to the best of my knowledge, I am fit to participate in the course and that I have read the terms and conditions on the website, download section. www.pinmillcruising.co.uk

Emergency contact details, available during the course, if required:

Name:

Home telephone: **Mobile:**

Payment can be made online or by cheque

Please use your name as a reference if paying online.

Sort code: 20-44-51

Account: 10458570

**Cheques payable to
S. Hopkinson please**

Data Protection Act 1998: The above information will be used to process your booking and for your safety while on the course.

The data will not be shared with any third party.

We may send you details of other courses, unless you tell us that you want to opt out.

sara@pinmillcruising.co.uk

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