

Ocean Spirit *of Moray*

Booking Form

Please complete all sections and return to:
Ocean Spirit, Gordonstoun School, ELGIN, Moray IV30 5RF
Tel: +44(0)1343 837824 FAX: +44(0)1343 837825

Please use a black pen and print
clearly in block capitals.

Please ensure that this form is signed
and returned as soon as possible
in order to secure your berth. You
cannot sail on *Ocean Spirit* unless
this form has been completed.

Personal details

Mrs Ms Mr Other

Surname

First names

Known As

Age Male/Female

Date of Birth

Nationality

(At start of voyage)

Address

Post Code

Email

Emergency telephone number (Day)

(Evening)

(Incl. STD code)

(Incl. STD code)

Your Doctor's name

Doctor's telephone number

(Incl. STD code)

Voyage details

I would like to book the voyage shown below

Cutter Sailing, GA Day 24 April 2010

Payment

Free of Charge

Dietary requirements - Not applicable for this voyage

Vegetarian Vegan Other (Please specify, including food allergies)

Medical information

This section does not apply to me

Medical condition (including allergies or pregnancy) Please state

Treatment

If you have a medical condition for which prescribed drugs are
required see health notes overleaf.

Declaration

The declaration must be signed by the applicant or parent/guardian if applicant is under the age of 18

- 1 I have provided details of any medical or other condition which might affect the performance or safety of myself and/or others.
- 2 I consent to being given emergency medical treatment including the administration of anaesthetic should it be necessary, and authorise Gordonstoun staff to give such permissions as may be necessary for such treatment to proceed.
- 3 I agree to the conditions and will comply with the notes printed overleaf.

Signature

Name

(in BLOCK CAPITALS)

Date