

Maritime Connection



Application Form - All Courses

Name (Mr, Mrs, Ms, Miss) _____

Address _____

_____ Postcode _____

Tel : (Day) _____ (Night) _____ Mob. _____

E-mail address _____

Course Applied for _____

Please give details of your boating experience. If none, write NONE _____

Please provide details of any medical treatment being received. If none, write NONE _____

Declaration : I declare that to the best of my knowledge I am not suffering from epilepsy, disability, giddy spells, angina or other heart condition and I also declare that I am medically fit to undertake this course. Applicants who are in any doubt should consult their doctor.

Booking Conditions : I have read the terms/conditions and agree to be bound by them.

Signature _____ Date _____

In the event of a class being cancelled at short notice Maritime Connection will be liable only for those fees already paid, and will assume no responsibility whatsoever for any circumstances arising from such a cancellation. Every attempt will be made to place the applicant on the next available course. The completed form should be returned to the address below.

Contact Number : In the event of you being ill or injured we may need to contact someone on your behalf. Please enter the name of the person you wish to be contacted.

Name _____ Address _____

_____ Tel No. : _____

Troon Yacht Haven, Harbour Rd, Troon, KA10 6DH

Tel : 01292 315492 Mobile 07885 497476

e-mail - Mariconn@dial.pipex.com website - www.maritimeconnection.co.uk

Form Received	Ack. sent	Booking Deposit	Balance Paid	Invoice Created	Database