

SETSAIL HOLIDAYS BOOKING FORM

TELEPHONE: DAYTIME: _____ EVENING: _____

FAX OR MOBILE: _____

E-MAIL ADDRESS: _____

1. NAME: _____

ADDRESS: _____

POST CODE: _____

2. DEPARTURE DATE: _____

NO. OF DAYS: _____

DEPARTURE AIRPORT: _____

ARRIVAL AIRPORT: _____

BOAT TYPE: _____

3. DESTINATION: GREECE TURKEY CROATIA SPAIN OTHER _____

4. HOLIDAY TYPE: FLOTILLA* BAREBOAT LEARN TO SAIL SKIPPED SAIL & STAY

5. TRAVEL INSURANCE DETAILS: COMPANY: _____ POLICY: _____ CLAIMS LINE: _____

6. SAILING EXPERIENCE - please specify experience & RYA qualifications held by the skipper & 1st mate (copies of which are required).

7. SKIPPER DAY SKIPPER THEORY PRACTICAL COASTAL SKIPPER THEORY PRACTICAL ICC NO. _____ VHF NO. _____

8. 1ST MATE DAY SKIPPER THEORY PRACTICAL COASTAL SKIPPER THEORY PRACTICAL ICC NO. _____ VHF NO. _____

9. CREW LIST - SKIPPER FIRST FOLLOWED BY THE 1ST MATE (2ND CREW WITH EXPERIENCE 18 YEARS OR OVER)
(PLEASE ENTER NAMES IN BLOCK CAPITALS AS THEY APPEAR IN PASSPORTS) Please ensure that names given are correct as any changes will incur a charge.

	FIRST NAME	SURNAME	NATIONALITY	DATE OF BIRTH DD/MM/YY	PASSPORT NUMBER	FLIGHT DETAILS
1						10. IF YOU ARE ARRANGING YOUR OWN FLIGHTS, PLEASE GIVE DETAILS OUTBOUND AIRPORT: _____ CODE: _____ TIMINGS: _____ INBOUND AIRPORT: _____ CODE: _____ TIMINGS: _____
2						
3						
4						
5						
6						
7						
8						

11.

TOTAL HOLIDAY COST £ _____

BOOKING DEPOSIT £200 pp (flotilla)
30-50% per yacht + £100 pp for flights (bareboat)

DEPOSIT £ _____

FINAL BALANCE
Due 10 weeks prior to travel
Important - please refer to your invoice for due date, as late payments incur a 2% surcharge.

BALANCE £ _____

12. PLEASE MAKE CHEQUES PAYABLE TO SETSAIL HOLIDAYS OR IF PAYING BY CREDIT / DEBIT CARD COMPLETE THE SECTION BELOW.
EXCLUDING DEPOSITS A SERVICE CHARGE WILL BE MADE ON ALL CREDIT CARD PAYMENTS

AMOUNT £ _____ START DATE: _____ SWITCH ISSUE NO. _____

CARD HOLDER NAME _____

CARD NUMBER _____

EXPIRY DATE _____ SECURITY NO. _____

CARD HOLDER SIGNATURE _____

PLEASE TAKE FINAL BALANCE ON DUE DATE - TICK HERE

13. PLEASE DEBIT MY VISA / MASTERCARD / SWITCH

AMOUNT £ _____ START DATE: _____ SWITCH ISSUE NO. _____

CARD HOLDER NAME _____

CARD NUMBER _____

EXPIRY DATE _____ SECURITY NO. _____

CARD HOLDER SIGNATURE _____

PLEASE TAKE FINAL BALANCE ON DUE DATE - TICK HERE

14. ACCEPTANCE OF BOOKING CONDITIONS
I certify that I am authorised to make this booking on behalf of the persons named and that I am responsible for payment of all monies in respect of this booking. I have read and agree to abide by the booking conditions and general information detailed in the Setsail brochure, supplement and website. Our sailing experience is correctly described above.

SIGNATURE _____ DATE _____

FOR OFFICE USE

AMOUNT £ _____ START DATE: _____ SWITCH ISSUE NO. _____

CARD HOLDER NAME _____

CARD NUMBER _____

EXPIRY DATE _____ SECURITY NO. _____

FOR OFFICE USE

AMOUNT £ _____ START DATE: _____ SWITCH ISSUE NO. _____


CARD HOLDER NAME _____

CARD NUMBER _____

EXPIRY DATE _____ SECURITY NO. _____

PLEASE POST OR FAX THIS FORM TO:

SETSAIL HOLIDAYS
40 BURKITTs LANE, SUDBURY,
SUFFOLK. CO10 1HB
TEL: 01787 310445 FAX 01787 378078



FULLY BONDED
FLIGHT INCLUSIVE
HOLIDAYS

Setsail is the trading name of Noble Chartering Limited