

BOOKING FORM/RENTAL CONTRACT 2005

Booking Ref. No:

SIRENA SAILING C.B.

Address: 787 AP, Palma de Mallorca.07001

Party Leader Name:**Address for all correspondence:****Post Code:****Tel: Home:****Work:****Mobile:****Fax:****Email:****Holiday Details****Holiday Country:****Start Point:****End Point:****Start Date:****Leaving Date:****No. of Days:****Departure Airport:****Arrival Airport:****Proposed Itinerary: (please complete)****Holiday Extras (please tick if required)****Windsurfer Hire (80 euros per week)****Provisioning – see www.yachtsfood.com****Party Member Details (please start with Party Leader)**

	Title (Mr/Mrs etc.)	First Name	Surname	Passport Number	Nationality	Occupation
1						
2						
3						
4						
5						
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7						
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9						
10						

Medical**Does any member of your party have a medical condition or special need that Sirena Sailing should be aware of? YES/ NO**

If "Yes" please specify:

Dietary Requirements**Does any member of your party have special dietary requirements?**

Please note any foods that certain members dislike

Sailing Experience

Please detail any sailing experience party members have:

Other**Details of person who may be contacted in an emergency:****Source of contacting Sirena Sailing:**

If you think any of your friends/family would be interested in receiving a copy of Sirena Sailing 2005 brochure, please note down their names and addresses below:

Acceptance of Booking Conditions/Rental Contract

I certify that I am authorised to make this booking on behalf of the persons named above and that I am responsible for payment of all monies in respect of this booking contract. I have read and agree to abide to the booking conditions.

Signature:

Date: