

**BOOKING FORM**

(Please complete in CAPITALS)



First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

House Name/No: \_\_\_\_\_

Street: \_\_\_\_\_

Town: \_\_\_\_\_ County: \_\_\_\_\_

Country: \_\_\_\_\_ Post Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Telephone: \_\_\_\_\_

Start Date of Course: \_\_\_\_\_ Course: \_\_\_\_\_

Course Fee: \_\_\_\_\_ Deposit 25%: \_\_\_\_\_

Experience to Date: \_\_\_\_\_

Next of Kin: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

**HEALTH DECLARATION**

Details of any Medical Treatment being received (if none, please write none)

**I declare that to the best of my knowledge, I am not suffering from epilepsy, disability, giddy spells, asthma, diabetes or any heart condition, and I am fit to participate in the course.**

*Please Note – If you suffer from any of the above conditions, it does not necessarily mean that you cannot take part in the course but the Principal and your Instructor must be fully aware of any potential problem.*

*If you are in any doubt as to your fitness to take part, you should consult your GP for advice.*

**I understand that:**

The deposit is not refundable once a place has been confirmed unless the Course is cancelled by iPowerboat. I shall forfeit all monies if I give notice of cancellation within four weeks of the start of the course. I am confident in water. I am willing to comply with all safety regulations.

**DATA PROTECTION ACT 1998**

The above information including the questions as to your health and ability will be used by us to process your booking for the course and for attending to your safety whilst on the course. Names and addresses of candidates for RYA courses may also be shared with the RYA. If you object please tick here.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

Deposit paid: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Final payment due: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Payment method: CARD | CASH | CHEQUE | PAYPAL | BACS (delete as appropriate)

Invoice number: IPB \_\_\_\_\_