

Signature

uSail Adult Sail Training - 2017 Application Form

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Name					
Address					
Mobile			Email		
Date of Birth					
Emergency Contact (Name/ Phone)					
Are you taking any medication? If yes, please give details:					
If you suffer from asthma, diabetes, dizzy spells, angina or any other heart conditions, back complaints or are otherwise unwell you should consult your doctor before making a booking and be prepared to produce a note from your doctor if required.					
Previous Sailing experience, if any:					
Please indicate your preferred course:					
uSail	uSail Start Sailing				
Course Fee	€330				
Α					
В					
С					
D					
E					
F					
G					
н					
I					
 Course Fee per person (includes a meal/BBQ after training) Cost covers use of boats, instruction, oilskins and essential safety gear. Course fees are non-refundable. Sailing courses are subject to weather conditions. A contribution from each entry will be given to our RStGYC Special Needs Sailing Programme! Payment Details (or phone with details)01 2801811					
Name on Card:					
Card Number:					
Expiry Date:			CVV:		
In signing this f I am I will I will I will I will	ou can pay by cheque or cas orm, I confirm that: physically fit to take part in t comply with all the safety pi be responsible for my own p not hold the Royal St Georg g in any way as a result of m	the activity rocedures and personal safet e Yacht Club,	d instructions by ty its flag officers,	the course instructors members or staff respo	nsible for damage or loss

Please return completed form to RStGYC, Sailing Office, Dun Laoghaire, Co Dublin or email sailing@rsgyc.ie. For further details please call 01 2801811. Web link: www.rsgyc.ie

Date