

BOOKING FORM

Client Ref			Arrival Date			No. Weeks				
Yacht Size	acht Size		Dep Date		No.in Party					
Type of Charter: Bareboat			Assisted		Skippered		RYA			
Charterer N	Vame									
Address										
Post Code				Email Address						
Tel Day			Tel Eve			Mobile				
Please list	all persons	travelling o	n yacht dur	ing your tim	e in Greece	e (details as	on passpo	rt)		
			lames	Passport No.	T	Place of Issue	r	M/F	D.O.B	
Flight Details			Arrival Dat	e	Time		Flight No.			
Dept. Airport:			Dep Date		Time		Flight No.			
Flights boo				Sail Ionian		Other				
Please adv	vise of any o	other transp	ort details.	Taxis will be	e arranged	to meet fligl	ht numbers	above.		
		CHARTER	ASSISTE	1		per's detail	s)			
Name of S				Name of F	irst Mate					
No. of years ya			[<1 Year	1 Year		5-9 Years	10 + Yea	ars	
How many times have you sailed with Sail Ionian?						Total No miles as Skipper				
	ed in this area b			Total No miles as Crew						
	oats most often	skippered?			Π.		_			
Most often sailed: Dinghies						rboats		Yachts		
Do you own a yacht? If yes, Please specify size and type. Skipper Qualifications Competent Crew Day Skipper Practical Day Skipper Theory										
			_						,	
Other Charter Course Coastal Skipper Practical Yachtmaster Please summarize boating experience and any important medical details of skipper, first mate and crew.									<u>ew</u>	
				y important						
Do vou reg	uire assiste	d skippering	a? □	YES 🗌 NO	MAYBE	No. Davs F	Pre Booked			
		ance with St								
						orts and Sk		certificate	e	
Payment Details						Total Hol	iday Cost	£		
Please use our online secure server for credit card payments and quote your client						•		£		
reference number with payment. Bank Transfer is best method are on your confirmation. Cheques are payable to Sail Ionian							Credit Card Surcharge (3%)		£	
address.				man and posted to our UK		25% Booking Deposit		£		
I agree to Sail Ionian's terms and Conditions						Balance (8 weeks before holiday start)		£		