

Postal Application Form

Surname First Name

Date of birth Telephone Number

Home address

Post code

E-mail address

If this is your first Venturers Cruise, who introduced you ?

Do you have any special dietary needs, or any ongoing Health condition that we should be aware of? Please state:

To help us with berth allocation and buoyancy aids, please tell us your -

Height (cms) Weight (kgs)

Parent's Certificate

I certify that my son daughter* can swim 50 metres and I am willing for him her to join the Venturers Norfolk Broads Cruise. I understand that he she will be expected to comply with the safety rules and do a fair share of the work on the boat.

I enclose remittance for £ Booking Deposit Full Fee

During the Cruise week I can be contacted at this telephone number

Name Date

Total Fee £????? which includes A Booking Deposit (non-returnable) of£40

SPECIAL: £5.00 CASH-BACK if you introduce a friend to the Venturers Cruise. (This offer does not apply to siblings).

Once your booking has been accepted you are liable to the balance of fees. Please make cheques payable to:- The Venturers Norfolk Broads Cruise.

Bookings Secretary; Simon Elphick, Vice Commodore, 3 Old Hall Close, Trowse, Norwich, NE14 8TB

HOLIDAY INSURANCE

Special arrangements have been made to provide holiday insurance which will apply to all successful applicants. This covers cancellation, personal liability, accident, loss of belongings etc. The cost of this is included in the fee. Further details of the cover will be forwarded to you before the Cruise. As with other holiday insurance schemes, you should also, on receipt of insurance confirmation, declare any pre-existing condition to the Insurer. The costs of our AALA license are also included in the fee.