



## Sea School Booking Form

Name		Age		Sex	M / F
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Address		Telephone	
		Mobile	
		E-Mail	
		Next of Kin	
Post Code		Telephone	

Any sea going qualifications held	
Any shore base courses attended	
Relevant previous experience	

Course Booked	Helmsman	Day Skipper	Coastal Skipper	Radar	
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Start Date		End Date		Vessel	
Fitness	Good / Average / Poor	Swimmer	Y / N	Vegetarian	Y / N
Food Allergies					
Any Medical treatment being undertaken					

Cool Breeze Sea School should be made aware of any known medical conditions prior to joining the course (epilepsy, dizziness, asthma, diabetes, angina. etc.)
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I have read and understood the terms and conditions as published on our web site and agree to abide by them. I declare that to the best of my knowledge the medical information stated above is correct.			
Signature		Date	

### Cool Breeze Sea School

Cool Breeze Charters Ltd, 8 Highbridge, Gosforth, Newcastle Upon Tyne, NE3 2HA

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