

2018



OFFICE USE ONLY:

Application #: \_\_\_\_\_

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

Time: \_\_\_\_\_

Single: Y N

will purchase a whole cabin

willing to share a cabin

Bunk cabin (single bed)

Double cabin (double bed)

## CROATIA FLOTILLA APPLICATION

### PERSONAL INFORMATION:

Name: \_\_\_\_\_

\* Please print your first and last name as they appear on your passport. Also list the name you regularly use if different from your passport.

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Numbers: (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_

Email: \_\_\_\_\_

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

Are you travelling with a CND passport? YES NO (Country) \_\_\_\_\_

Do you have any medical conditions we should know about (allergies or other) \_\_\_\_\_

\_\_\_\_\_

### I AM TRAVELLING:

Single (Options include to purchase a whole cabin or be assigned to share a cabin (shared bed or bunk bed)

Couple (Cabin mate name): \_\_\_\_\_

Boat load (Crew mate names): \_\_\_\_\_

\_\_\_\_\_

I acknowledge there may be a single crewmate in the salon

### EMERGENCY CONTACT INFORMATION:

Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Phone Number (cell): \_\_\_\_\_ (home/work): \_\_\_\_\_

**PAYMENT INFORMATION (in US\$)**

Payment type:    Cash    US Bank Draft    VISA    MasterCard

Deposit UDS (50% minimum): \$ \_\_\_\_\_ Total owed USD \$ \_\_\_\_\_

Exchange Rate: \_\_\_\_\_ Amount in CND funds: \_\_\_\_\_

Date Received: \_\_\_\_\_ Date Deposited: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Security code: \_\_\_\_\_

Payment type:    Cash    US Bank Draft    VISA    MasterCard

Balance owed (due 75 days prior to departing) \$ \_\_\_\_\_ Date Due: **July 1, 2018**

Balance USD \$ \_\_\_\_\_

Exchange Rate: \_\_\_\_\_ Amount in CND funds: \_\_\_\_\_

Date Received: \_\_\_\_\_ Date Deposited: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Security code: \_\_\_\_\_

**BOOKING & PAYMENT:**

- All prices are in US\$ funds
- Please enclose this completed form (both sides) along with your payment
- Balance is due 75 days prior to program start date (**JULY 1, 2018**)

**FLOTILLA / BAREBOAT REFUND & CANCELLATION POLICY:**

- *More than 90 days prior to departure:* Full refund (less \$500 penalty)
- *Between 90 -76 days prior to departure:* 25% refund (of total trip cost)
- *Less than 75 days prior to departure:* NO REFUND

**NOTE: We encourage you to consider purchasing your own travel and health insurance.**

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



# SAILING RESUME



## Sailing Experience:

1. Have you sailed before? YES NO

If yes, indicate a) Number of years \_\_\_\_\_

b) Your confidence on the boat (circle one) STRONG MEDIUM WEAK

c) Size of largest boat sailed: \_\_\_\_\_

d) Your role on the boat: SKIPPER or CREW or BOTH

e) Have you owned a boat? YES NO What Type? \_\_\_\_\_

2. Do you hold any certifications? Basic Cruising YES NO

Intermediate Cruising YES NO

VHF YES NO

ICC YES NO

Coastal Navigation YES NO

Other (please specify) \_\_\_\_\_

3. Have you every chartered a boat before? YES NO

If yes, What company: \_\_\_\_\_ Year: \_\_\_\_\_

What size of vessel: \_\_\_\_\_

Location: \_\_\_\_\_

As skipper or crew: \_\_\_\_\_

4. Would you be willing to skipper a boat during the Flotilla? YES NO

5. Other sailing/racing experience? \_\_\_\_\_

6. Do you have any related experiences you feel we should know about? (ie. Navigation, Navy, Pilot etc). \_\_\_\_\_