2020



OFFICE USE ONLY:					
Application #:					
Date:					
Time:					

Down South Sailing Application

PERSONAL INFORMATIO	N:		
Name:			
			ne name you regularly use if different
Address:			-
City:	Prov:	F	Postal Code:
Phone Numbers: (Home)	:	(Cell):	· · · · · · · · · · · · · · · · · · ·
Email:			
Date of Birth:			
Are you travelling with a CN	D passport? YES N	IO (Country)	
PLEASE ENROL ME IN:			
☐ Windward Island Flo	otilla Get Away: Feb 16 -	- 28, The Grena	dines
	1795)		
☐ Prefer to b	oe on catamaran □ Pr	efer to be on mo	nohull
□ Windward Island Mi	leage Builder:		
☐ Feb 8 - 15	5, 2020, Martinique to Grei	nada	
☐ Feb 29 - I	March 7, 2020, Grenada to	o Martinique	
Total Flotilla Cost: (\$	1325)		
☐ 2020 BVI Vacation 0	courses:		
Course Choic	e: 🗆 Basic Cruising	☐ Milea	ge Builder
	☐ Intermediate Cru	ising Adva	nced Cruising
Week Choice	(Sat – Sat): ☐ Week 1:	Jan 25 – Feb 1	☐ Week 2: Feb 1 – Feb 8
	□ Week 3:	Feb 8 – Feb 15	☐ Week 4: Feb 15 – Feb 22
Total Vacation Comm	o Cooty (\$2245 por wools)		

Tico #50024581





I AM TRAVELLING:

	☐ Single (Options include to purchase a whole cabin or be assigned to share a cabin whi		_	1
	double bed or bunk bed, or a bunk in the salon – We will try our best to accommodate you not guaranteed)	our preie	rence, but it is	
	☐ I am OK to sleep in smaller bunk cabin if it is available	YES	NO	
	☐ I am OK to share a double bed & cabin if available	YES	NO	
	☐ I am OK to sleep in the salon	YES	NO	
	☐ I will pay additional fare to ensure my own cabin	YES	NO	
	□ Couple (Cabin mate name):			
	□ Boat load (Crew mate names):			-
				_
DE	RSONAL INFO:			
	INCORAL IN O.			
1.	Have you been on a flotilla before? YES NO Where: With whom	1:		
2.	Do you have any medical concerns we should know about?			
				_
				_
3.	Do you have allergies and/or dietary restrictions?			
				_
4.	Are you claustrophobic? YES NO			
5.	Do you suffer from motion sickness? YES NO			
6.	Are you a light sleeper? YES NO (if yes, we encourage you to bring ear plugs alo	ong)		
7.	What time do you usually go to bed? Get up at?			
8.	Do you have any mobility issues?			
9.	Do you drink alcohol?			
	Do you have any concern about the boat heeling? YES NO Sailing in windy conditi			
11.	Can you swim? Strong swimmer OK swimmer Weak swimmer I can't sv	wim		





Sailing Experience:

1.	Have you sailed before? YES NO							
	If yes, indicate a) Number of years (as skipper) (as crew)							
	b) Your confidence on the boat (circle one): STRONG MEDIUM WEAK							
	c) Size of largest sloop rigged boat sailed:							
	d) Your role on the boat: SKIPPER or CREW or BOTH							
	e) Do you own a boat? YES NO Which Club / Marina:							
						Boat Name:		
		f) Have y	ou previously owned a bo	oat YES	NO	Which Club / Marina:		
		Тур	e: Size:	_ # of yea	rs:	Boat Name:		
2.	Do you hold	any certifications?	Basic Cruising	YES	NO	(Year:)		
			Intermediate Cruisi	ng YES	NO	(Year:)		
			VHF	YES	NO	(Year:)		
			ICC	YES	NO	(Year:)		
			Coastal Navigation	YES	NO	(Year:)		
			Other (please spec	ify)				
3.	Have you ev	er bareboat charte	red a boat before? YE	S NO				
	If yes,	As skipper (# time	s):	or crev	w (# tin	nes):		
		What company(ie:	s):					
		Boat type & size (as skipper):				 	
		Boat type & size (as crew):					
		Location(s):						
4.	Are you inte	rested in being a sl	kipper for one of the flotilla	a boats?	YES	S NO		
		g experience (racing						
_				· · · · · · · · · · · · · · · · · · ·				
								
							-	
6.	Do you have	e any related experi	ences you feel we should	know abou	ıt? (ie.	. Navigation, Navy, Pilot etc).	
	•		,		,	3 , 3 ,	•	





PAYMENT INFORMATION (in USD) (cost / person: flotilla: \$1795, MB: \$1325, course: \$2345)

Total Trip c	ost for ap	pplicant:	 				
Also payir	ng for (Na	me):					
Total trip o	cost if cor	nbined:					
Deposit:	Cash	US Bank Draft	VISA	MasterCard			
Deposit USE	O (50% mi	nimum): \$					
Exchange Rate: Amount paid in CND funds:							
Date Receive	ed:			Date Deposited:			
Credit Card #	# :			Expiry Date:	Security code:		
Name on Cre	edit Card: _						
Balance USE	owed (du	ie 75 days prior to d	eparting) (\$	_ Date Due:		
Balance:	Cash	US Bank Draft	VISA	MasterCard			
Balance Paic	USD \$				-		
Exchange Ra	ate:			Amount paid in CND funds:			
Date Receive	ed:			Date Deposited:			
Credit Card #	‡ :			Expiry Date:	Security code:		
Name on Cre	edit Card: _						
BOOKING &	PAYME	NT:					
All price	es are in US	3\$ funds					
Please	enclose thi	s completed form (bo	oth sides) a	along with your payment			
Balance	e is due 75	days prior to program	n trip start	date:			
SAILING VA	CATION	REFUND & CAN	CELLAT	TION POLICY:			
 Flotilla and Windward Island mileage builder: 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 							
BVI Vac	cation cour	ses are non-refundat	ole after Od	ctober 1, 2020			
NOTE: We stro	ngly recom	mend you purchase t	travel and	health care insurance.			
Signature:				Date:			





Flotilla Application – Sailor Copy

PLEASE ENROL ME IN:						
☐ Windward Island Flotilla Get Away: Feb 16 – 28, The Grenadines						
Total Flotilla Cost: (\$1795)						
☐ Prefer to be on catamaran ☐ Prefer to be on monohull						
☐ Windward Island Mileage Builder:						
☐ Feb 8 - 15, 2020, Martinique to Grenada						
☐ Feb 29 – March 7, 2020, Grenada to Martinique						
Total Flotilla Cost: (\$1325)						
□ 2020 BVI Vacation Courses:						
Course Choice: ☐ Basic Cruising ☐ Mileage Builder						
☐ Intermediate Cruising ☐ Advanced Cruising						
Week Choice (Sat – Sat) ☐ Week 1: Jan 25 – Feb 1 ☐ Week 2: Feb 1 – Feb 8						
□ Week 3: Feb 8 – Feb 15 □ Week 4:Feb 15 – Feb 2						
Total Vacation Course Cost: (\$2345 per week)						
I AM TRAVELLING:						
☐ Single (Options include to purchase a whole cabin or be assigned to share a cabin which will include sharing a						
double bed or bunk bed, or a bunk in the salon – We will try our best to accommodate your preference, but it is						
guaranteed)						
☐ I am OK to sleep in smaller bunk cabin if it is available YES NO						
☐ I am OK to share a double bed & cabin if available YES NO						
☐ I am OK to sleep in the salon YES NO						
☐ I will pay additional fare to ensure my own cabin YES NO						
□ Couple (Cabin mate name):						
□ Boat load (Crew mate names):						





PAYMENT INFORMATION (in USD) (cost / person: flotilla: \$1795, MB: \$1325, course: \$2345)

Total Trip c	ost for ap	oplicant:			· · · · · · · · · · · · · · · · · · ·			
Also paying for (Name):								
rotal trip c)				· · · · · · · · · · · · · · · · · · ·			
Deposit:	Cash	US Bank Draft	VISA	MasterCard				
Deposit USE) (50% mi	nimum): \$)			
Exchange Ra	ate:			Amount paid in CND funds:	· · · · · · · · · · · · · · · · · · ·			
Date Receive	ed:			Date Deposited:				
				Expiry Date:				
				\$				
Balance:	Cash	US Bank Draft	VISA	MasterCard				
Balance Paid	USD \$							
				Amount paid in CND funds:				
Date Receive	ed:		· · · · · · · · · · · · · · · · · · ·	Date Deposited:				
				Expiry Date:				
BOOKING	& PAYN	лент:						
• All p	rices are in	uS\$ funds						
Please enclose this completed form (both sides) along with your payment								
Bala	nce is due	75 days prior to prog	gram trip st	art date:				
SAILING \	/ACATIC	ON REFUND & C	ANCELL	ATION POLICY:				
(More the Between		departure: to departure	Full refund (less \$500 penalty) e: 25% refund (of total trip cost) NO REFUND				
• BVI	BVI Vacation courses are non-refundable after October 1, 2020							
We strongly	recomme	nd you purchase tra	evel and he	ealth care insurance.				
Signature:				Date:	·····			

TICO #50024581