

2019



OFFICE USE ONLY:

Application #: _____

Date: _____

Time: _____

DOWN SOUTH 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) _____

PLEASE ENROL ME IN:

Flotilla Get Away

LEG 1: Feb 2-9, 2019, Antigua to BVI

LEG 2: Feb 9-18, 2019, BVI Flotilla

LEG 3: Feb 18-25, 2019, BVI to Antigua

Total Flotilla Cost: (\$1525 per leg) _____

BVI Vacation Courses:

Course Choice:

Week Choice (Sat – Sat)

Basic Cruising

Week 1: Jan 19 – Jan 26, 2019

Mileage Builder

Week 2: Jan 26 – Feb 2, 2019

Intermediate Cruising

Week 3: Feb 2 – Feb 9, 2019

Week 4: Feb 9 – Feb 16, 2019

Total Vacation Course Cost: (\$2345 per week) _____



Advantage Boating



I AM TRAVELLING:

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

I will Share a Cabin (Bunk) YES NO

I will Share a Cabin (Double Bed) YES NO

I will pay additional fare to ensure my own cabin YES NO

Couple (Cabin mate name): _____

Boat load (Crew mate names): _____

I acknowledge there may be a single crewmate in the salon

PERSONAL INFO:

1. Have you been on a flotilla before? YES NO Where: _____

2. Do you have any medical concerns we should know about?

3. Do you allergies and/or dietary restrictions?

4. Are you claustrophobic? YES NO

5. Do you suffer from motion sickness? YES NO



Advantage Boating



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

Type? _____ Size: _____ Owned since: _____

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: _____

Size of largest 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). _____



Advantage Boating



PAYMENT INFORMATION (in US\$)

TOTAL TRIP COST: _____

Deposit: Cash US Bank Draft VISA MasterCard

Deposit USD (50% minimum): \$ _____

Exchange Rate: _____ Amount in CND funds: _____

Date Received: _____ Date Deposited: _____

Credit Card #: _____ Expiry Date: _____ Security code: _____

Balance USD (due 75 days prior to departing) \$ _____ Date Due: _____

Balance: Cash US Bank Draft VISA MasterCard

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 **DATE:** _____

SAILING VACATION 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: _____