OFFICE USE	ONLY:
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2020



## **Greece Sailing Application**

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Phone Numbers: (Cell):			(Home):				· · · · · · · · · · · · · · · · · · ·
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ed in a smaller b	ounk cabin)						
I am OK to s	sleep in the sma	aller bunk	cabin if it is a	vailable	YES	NO	
I am OK to s	hare a double	cabin & be	ed		YES	NO	
I am OK to s	leep in the sale	on			YES	NO	
I will pay add	ditional fare to	ensure my	own cabin		YES	NO	
abin mate na	me):						
(Crew mate r	names):						
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☐ I acknowledge there may be a single crewmate occupying the salon

TICO #50024581



# Advantage Boating



### **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 boat sailed:						
	d) Your role on the boat: SKIPPER or CREW or BOTH						
	e) Do you own a boat? YES NO Type: Size: # of years:						
	f) Have you previously owned a boat YES NO  Type: Size: # of years:						
2.	Do you hold any certifications? Basic Cruising YES NO (Year:)						
	Intermediate Cruising YES NO (Year:)						
	VHF YES NO (Year:)						
	ICC YES NO (Year:)						
	Coastal Navigation YES NO (Year:)						
	Other (please specify)	· · · · · · · · · · · · · · · · · · ·					
3.	. Have you every chartered a boat before? YES NO  If yes, As skipper (year): or crew (year):						
	What company: Year:						
	Size of largest vessel (as skipper): (as crew):						
	Location(s):						
4.	4. Are you interested in being a skipper for one of the flotilla boats? YES NO						
5.	5. Other sailing/racing experience?						
		<del></del>					
6.	Do you have any related experiences you feel we should know about? (ie. Navigation, Navy, Pilot etc).						
		<del></del>					



## **Advantage Boating**



#### **PERSONAL INFO:**

1.	Have you been on a flotilla before? YES NO Location:						
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 along)						
7.	What time do you usually go to bed? Get up at?						
8.	Do you have any mobility issues?						
9.	Can you swim? Strong swimmer OK swimmer Weak swimmer I can't swim						

#### **BOOKING & PAYMENT:**

- Booking must include this completed from along with your deposit payment
- All prices are in US\$ funds (unless otherwise specified) per person based on double occupancy; price increases are not permitted
- 50% deposit due at time of booking to secure your spot
- Balance is due 75 days before departure
- Prices include yacht charter from 5:00 PM on the first day of your program until 9:00 AM on the last day of your program, yacht insurance, park fees, cruising taxes, search & rescue taxes
- Boats are Chartered from Navigare Yachting
- Further terms & conditions may be found at <u>www.advantageboating.com</u>
- Advantage Boating recommends all participants purchase travel cancellation, trip interruption, and out of province health insurance available for purchase elsewhere
- Customer confirms they are a Canadian citizen travelling on a Canadian Passport valid for 6 months beyond the date of travel
- Entry to another country may be refused even if the required information & travel documents are complete
- Living standards and practices at the destination and conditions there with respect to the provision of utilities, services and accommodations my differ from those found in Canada
- Advantage Boating reserves the right to substitute suitable comparable yachts as necessary for exigencies beyond its control.

#### **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

Signature:	Date:
orginature.	Date.



# **Advantage Boating**



SAILUR PATMENT INFURMATION					
PAYMENT INFORM	ATION (in U	SD) cost/p	er person: \$1795 (+	\$250 for Cat	tamaran)
Total Trip cost (for ap	oplicant):				
Also paying for (Nam	ie):				
Total Paying (combin	ned):				
Name as it appears of	on your credi	t card:			
Credit Card #:			Expiry	Date:	Security code:
Signature: Date:					
OFFICE USE ONLY					
Deposit:	Cash CND	Cash US	US Bank Draft	VISA	MasterCard
Deposit USD (50% minimum): \$					
Exchange Rate: Amount paid in CND funds:					
Date deposit payment	charged/recei	ved:			
Balance USD owed (due 75 days prior to departing) \$ Date Due:					
Balance: Ca	ash CND	Cash US	US Bank Draft	VISA	MasterCard
Balance Paid USD \$					
Exchange Rate:			Amount in CND	funds:	
Date balance payment	charged/rece	eived:			
DEPOSIT RECEIPT PAID IN FULL					