

# Black Pearl Charters Ltd

## Booking Form

Today's Date..... Date Charter Required.....  
Surname..... First Name.....  
Address.....  
..... Post code.....  
Telephone..... Mobile number.....  
Email address.....  
Date of Birth..... Nationality.....  
Sailing Experience (if any).....  
Shoreside contact in case of emergency  
(name & telephone) .....  
Special Dietary requirements (if none write none) .....  
Medical treatment or conditions (if none write none) .....

*I declare to the best of my knowledge I do not have any medical conditions e.g. Epilepsy, Disability, Dizzy Spells, Asthma, Diabetes, Angina or any other heart condition and I am fit to participate in an energetic sailing holiday, or I have taken medical advice and have declared the outcome. I confirm that I have read and agree to **Black Pearl Charters Ltd's** terms and conditions.*

Signed..... Date.....

Where did you hear about us.....

Please return completed form to :-

**Black Pearl Charters Ltd 16 Muirhead Court, Baillieston, Glasgow G69 7EP**

**Fax: 0044 (0) 141 626 1399**

**E-mail: blackpearlcharters@ntlworld.com**

***All cheques/payments to be made payable to Black Pearl Charters Ltd***