

## **COURSE BOOKING FORM**

Please complete and submit the booking form below.  
A separate booking form must be submitted by each candidate.

In order to secure your booking, please submit this booking form and send proof of deposit/payment to [admin@atlanticyachting.co.za](mailto:admin@atlanticyachting.co.za). Please use your surname as reference when making a payment.

### **Details of person responsible for account (\*required field)**

Full Names and Surname \* :  
(as it must appear on the invoice)

E-mail address \* :

Contact number \* :

VAT number (if applicable) :

Postal Address :

Postal Code :

Physical Address :

Postal Code :

Course for which booking is made\* :

Start Date :

End Date :

**Details of student**

Full Names and Surname \* :  
Identity/Passport Number \* :  
Date of Birth (dd-mm-yy) \* :  
Mobile Number \* :  
E-mail Address \* :  
Sex \* :  
Sailing Experience / Miles :  
Shorebased Contact/Next of Kin :  
(In case of emergency) \*  
- Name and Surname :  
- Relationship :  
- E-mail Address :  
- Postal Address :  
- Postal Code :  
- Contact Number: :