

CROATIA FLOTILLA APPLICATION

PLEASE PRINT CLEARLY

Name: _____

Cabin Mate: _____

(If you are booking flights through us, use your first and last name as they appear on your passport)

Address: _____

City: _____ Prov: _____ Postal Code: _____

Phone Numbers:

(Home) _____ (Cell) _____

(Work) _____ (Work) _____

Email1: _____

Email2: _____

Email3: _____

BOAT: payable through Ottawa Sailing School

\$2,150 CDN per person. Single Supplement \$700

Cheque VISA MasterCard Cash Cheque

Credit Card # _____ Expiry Date: _____

FLIGHT: payable through Travel Away Inc. All major credit cards accepted.

VISA MasterCard American Express Dinners' Club

Credit Card # _____ Expiry Date: _____

TRIP & HEALTH INSURANCE: available only if your flight is booked through us.

Payable upon booking the flight.

Date of Birth: (mm/dd/yy) _____

Date of Birth: (mm/dd/yy) _____

Signature

Date

Sailing Experience

Have you sailed before? (Circle one) YES NO

If yes,

- a) confidence level (Circle one) STRONG MEDIUM WEAK
- b) BIG BOAT or SMALL BOAT or BOTH
- c) as SKIPPER or CREW or BOTH
- d) have you owned a boat? YES NO

What type? _____

Do you hold CYA certification? CRUISE POWER SAIL NONE

What level _____

Do you hold Power Squadron certification? NO YES

If yes, what level: _____

Have you ever chartered a boat before? NO YES

If yes, what company: _____

what size of vessel: _____

location: _____

Other sailing/racing experience?

Do you have any related experiences you feel we should know about? i.e. Navigation/Navy/Pilot
