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SHOREHAM SAILING CLUB

APPLICATION FOR CLUB TRAINING FOR BOOKING CONDITIONS SEE NOTES OVERLEAF

COURSE REQUIRED

Course Title _____

Course Date _____ Course Cost _____

PARTICIPANT INFORMATION

Mr/Mrs/Ms/Miss* First Name _____ Surname _____ Male/Female

Are you a SSC or SYC Member Yes/No _____ Type of membership _____ Date of Birth _____

Address: _____

_____ Post Code: _____

Telephone No (Home): _____ Work: _____

Fax: _____ Mobile: _____ E Mail: _____

EXPIERENCE IF ANY (Note any pre course requirements) _____

HEALTH DECLARATION – Please give information about any current medical treatment, illness or medical condition (e.g. Asthma, Epilepsy, Diabetes or Hear Condition). If none please write “None”

Participants Next of Kin _____ Contact Number _____

DECLARATION – I acknowledge that although instructors and helpers will take every care, the Sussex Yacht Club its instructors and helpers will not be held responsible for accidents.

I have read and agree to the booking conditions and enclose the course fee o. If the participant is under 18 years of age this must be signed by the parent or legal guardian

Signed _____ Date _____

Please send completed application form & cheque to be made payable to Shoreham Sailing Club to Kevin Headon 78 Edmonton Road, Durrington, West Sussex, BN13 2TB