



Chelmarsh Sailing Club

Course Application July 29th, Aug 5th & 12th



Please complete all sections in Block Capitals

Name	
Home Tel	Mobile
Address	
Post Code	Email address
Age or over 21	
<i>Please note if you are under the age of 18 at the commencement of the course a parental consent form will have to be completed.</i>	
e- mail address	
Medical conditions and any medication used	
Any allergies (including plasters & penicillin)	
Doctors name and contact details if required	
Emergency Information	
Name of emergency contact	
Address	
Relationship	
Any previous sailing experience	
Date	

Visit our website: www.chelmarshsailing.org.uk