



BOOKING FORM FOR MINSTREL

Dates of voyage: _____

Name: _____ Address: _____

Telephone: _____ Email: _____

Passport Number: _____ Age: _____

Reg Charity Number (if applicable): _____

Special dietary requirements: _____

Medical information: _____

Sailing experience: _____

Payment Details

I enclose a cheque (made payable to Little Arks Charter Co) for £ _____ deposit balance

I authorise payment by credit/debit card of £ _____ deposit balance

VISA MASTERCARD AMEX MAESTRO

Card No.

Start date _____ Expiry date _____ Issue No. _____ Security No. _____

Signed _____ Dated _____

I wish to book a berth on MINSTREL as set out above. I confirm that I have disclosed all relevant medical information, and that the information given above is correct. I have read and understood the charter conditions on Page 2.

Signed _____ Dated _____





CHARTER CONDITIONS

- 1.** A charter is not deemed to have been booked until a completed booking form and a deposit of 25% of the charter fee have been received, and confirmation of booking has been given by Little Arks Charter Company.
- 2.** In the event of client cancellation of the booking 50% of the deposit shall be refunded if the berth is re-chartered, provided the cancellation is more than 6 weeks before the voyage start date. In that the balance of the charter fee is not payable. Any other refund or remission of the balance of the charter fee shall be at the discretion of the Company.
- 3.** In the event that the charter is curtailed or cancelled as a result of circumstances other than adverse weather conditions or illness of the client, the charter fee shall be refunded pro-rata to the days lost.
- 4.** Clients shall notify the Company of any medical condition or treatment prescribed which could endanger the vessel or those on board, or adversely affect the enjoyment of the charter by other clients. Such conditions include but are not limited to pregnancy, the inability to climb a 6ft vertical ladder unaided, diabetes, epilepsy, asthma, heart problems, seriously impaired senses, and being on prescribed medication.
- 5.** Save as covered by the third party liability insurance of the Company, claims arising from the death or injury of clients, or the loss of personal effects shall not be the responsibility of the company. Travel insurance is recommended.

