

CHARTER APPLICATION

Name _____ Phone _____

Address _____ Phone _____

_____ Email _____

Desired dates/itinerary _____

Desired activities during cruise

What would you like to get out of this cruise? Goals?

Do you have any prior sailing/boating experience? (Experience is NOT required)

Emergency Contact Info

Name _____ Relationship _____

Best Contact Phone Number(s) _____

For your safety, please list any medical conditions, allergies, or physical limitations

Menu preferences & dietary restrictions (please refer to menu suggestions list)

How did you find out about us?

BIKINI SAILING