

Seagull Trust Cruises

Marion Seagull

BOOKING FORM

Name of group: _____

Name and address of organiser:

Post Code _____

Day time phone number

Evening phone Number

Date(s) required:

First choice

Second choice

Third choice

From:

To:

Number of nights:

Number of people in the Group: _____

Please indicate the age and disabilities of the people coming, any special needs including the number of wheelchair users. Note: large wheelchairs may not fit onto the lifts; the maximum width is 800 mm.

Who is in charge, and with the group, during the cruise? _____

Is he/she competent to take on the role of Skipper? _____

What qualifications does this person have in boat management? _____

Is the Group competent to manage the boat without help? _____

Do you need Seagull Trust Cruises to provide a Skipper for any, or all, of your trip?

(Circle ONE of the following)

No / Yes / Part of the time

Any additional information you think we might find helpful:

Signed: _____ Position: _____

When completed, please detach and send with your deposit of £50.00 (cheque / P.O. payable to Seagull Trust Cruises) to the Booking Officer,

Mr Peter Killeen
Benholm
Maddiston Road
Brightons
Falkirk
FK2 0JN

Tel: 01324 720096

together with an S.A.E. for acknowledgement of your booking.

Please remember to send your donation to Peter Killeen so that it arrives at least 14 days before your trip