Postal Application Form

Date of birth		
Date of biltin	Telephone Number	
Home address		
	Postcode	
Email address		
If this is your first Venturers Cruise, v	·	
Do you have any special dietary needs, or any ongoing Health condition that we should be aware of? Please state:		
To help us with berth allocation and b Height (cms): We	uoyancy aids, please tell us you ight (kgs):	ır -
Parent's Certificate		
I certify that my son / daughter* join the Venturers Norfolk Broads comply with the safety rules and	Cruise. I understand that he	/ she will be expected to
I enclose remittance for £	Booking Deposit / F	ull Fee
During the Cruise week I can be contacted at this telephone number:		
Name:	Date:	
		*delete as appropriate

Total Fee £270 which includes A Booking Deposit (non-returnable) of £40

SPECIAL: £5.00 CASH-BACK if you introduce a friend to the Venturers Cruise. (This offer does not apply to siblings).

Once your booking has been accepted you are liable to the balance of fees. Please make cheques payable to: The Venturers Norfolk Broads Cruise.

Bookings Secretary: Simon Elphick, Vice Commodore, 3 Old Hall Close, Trowse, Norwich, NR14 8TB

HOLIDAY INSURANCE

Special arrangements have been made to provide holiday insurance which will apply to all successful applicants. This covers cancellation, personal liability, accident, loss of belongings etc. The cost of this is included in the fee. Further details of the cover will be forwarded to you before the Cruise. As with other holiday insurance schemes, you should also, on receipt of insurance confirmation, declare any pre-existing condition to the Insurer. The costs of our AALA license are also included in the fee.