



# SAILING SEASON TICKET & BOAT PARK STORAGE APPLICATION FORM 2015/2016

Once you have completed this Application Form please return it by post to , alternatively you can hand it in at Fairlop Waters' Reception. You will need to include a cheque made payable to 'Vision RC & L'. Please clearly write the applicant's name, date of birth and telephone number on the back of the cheque. Any questions please call – Thank you!

## APPLICANT'S DETAILS

Date of birth: / / Age:

Home address:

Home telephone:  Mobile:

Email address:

Are you a Sailing Club Member:  Yes.  No. If yes, Membership no.

Are you already a Sailing Season Ticket Holder:  Yes.  No. If yes, Describe:

## SAILING SEASON TICKET SELECTION *(Tick as appropriate)*

1 Boat with Crew and Helm Season Ticket:  Sailing Club Member **£110.**  Non-member **£125.**

Additional Helm Season Ticket:  Sailing Club Member **£68.**  Non-member **£74.**

1 Boat with Senior/Junior Helm Season Ticket:  Sailing Club Member **£89.**  Non-member **£97.**

Additional Senior/Junior Helm Season Ticket:  Sailing Club Member **£46.**  Non-member **£51.**

Second Additional Junior Helm Season Ticket:  Sailing Club Member **£15.**  Non-member **£16.**

## BOAT PARK STORAGE SELECTION *(Tick as appropriate)*

1 Boat:  Season Ticket Holder **£97.**  Non-season Ticket Holder **£160.**

2 Boats:  Season Ticket Holder **£170.**  Non-season Ticket Holder **£250.**

3 Boats:  Season Ticket Holder **£210.**  Non-season Ticket Holder **£330.**



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## YOUR CONFIRMATION

I confirm that the information provided is correct to the best of my knowledge at the time of completion and I undertake to inform the centre immediately of any changes to the above.

I accept the charges listed and have supplied a payment cheque to Fairlop Waters by post or hand. I also understand the application process will only complete, and the items requested supplied, once this form has been received along with the cheque.

Form completed by:

Dated:

Signed:

## FOR OFFICE USE ONLY:

Amount paid: £

Paid in full:  Yes  No

Date of payment:

Staff name who accepted payment:

Sailing Club Member:  Yes.  No. Membership number (if applicable):

Start date:

Expiry date:

Any other comments:

Graphic design: www.joannewood.co.uk Form ref: A4(2)\_FMSAILPRINT\_0215