CLICK ON EACH LINE AND TYPE IN DETAILS. SELECT STARRED* ITEMS FROM EACH DROP-DOWN MENU AS APPROPRIATE.

SECTION A ALL CRUISES	Starting point		
Unit	Destination		
Leader of party: Surname	From	(date) to	(date)
First names			
Will the owner(s) or their representative(s) be in charge of the craft	SECTION B <u>SEAGOING CRUISE</u>		
during the holiday? *	Firefighting and lifesaving equipment carried		
Person(s) in charge of craft if not owner(s)/representative(s):	Insured by		
Surname	Insurance value		
First names	Third-party cover		
	Geographical limitations (if any)		
Boating qualifications/most recent experience	Restriction/regulations relating to person in charge (if any)		
Surname	*Dept of Trade and Ind	ustry certificate of seaworth	iness (date)
First names			
Boating qualifications/most recent experience	*Licensing Authority if registered for fewer than 12 passengers		
	Last inspection by a qu	alified expert	(date)
Life-saver if applicable: Surname	 I shall leave full details of the holiday, including the name and address of each member of the party, final arrangements and any last minute changes in itinerary, with: Surname 		
First names			
Life-saving qualifications			
Date gained/renewed			
	First names		
Person with water safety skills: Surname	Address Postcode	C	
First names	FUSICOUE	V	
	Signed		
Name of vessel(s)	Leader of party	Date	
Berthed at	ALL CRUISES		
Type(s) of craft		to abide by the requirement	s in the current
Sleeping/living accommodation	edition of <i>The Guiding Manual.</i> I have made adequate provision for members with disabilities. The party can meet the swimming requirements in <i>The Guiding</i>		
Owned by			
Address	Manual.		
	Home contact procedu	re established	
Postcode C	Signed		
Insured by (if different from above)	Leader of party	Date	
No. of approved buoyancy aids/lifejackets to be provided		Dute	
	Read and approved by		
Give a brief account of the holiday planned (on a separate sheet if			
necessary).	Signed	Data	
	Home Commissioner	Date	
	Signed		
	Home Adviser	Date	

A/BC Confirmation: boating holiday

A/B Application: boating holiday

COMPLETE IN BALL POINT-PEN IN BLOCK CAPITALS. DELETE STARRED* ITEMS AS APPROPRIATE.

RETURN TO LEADER OF PARTY

It is confirmed that		may take a party on a *sea-going/inland cruise
from	(date) to	(date).
Name(s) of vessel(s)		
Starting point		(place)
Destination		(place)