

Bookingform/ contract- **Anne-Margaretha Charters**

Details traveller

1.Mr./Mrs.*+ surname:.....M./F.
Address:.....
City/Town:..... Postal code:.....Country.....
Telephone by day:.....Tel. in the evening:.....
Passportnr:.....Issued at:.....Valid until:.....
E-mail address:.....
Date + place of birth:.....
Special diet wishes:.....
Name and tel. for use as contact of an emergency:.....
.....

Details fellow-traveller

2.Mr./Mrs.*+ surname:.....
Address:.....
City/Town:..... Postal code:.....
Telephone by day:..... Tel. in the evening:.....
. Passportnr:.....Issued at:.....Valid until:.....
E-mail address:.....
Date + place of birth:.....
Special diet wishes:.....
Name and tel. for use as contact of an emergency:.....
Wishes separate confirmation/ invoice: no/yes*

Books/book the following sailing trip with the *Anne-Margaretha*:

Trip number + destination.....
Date of departure:.....
Cost of the journey p.p.:.....
I want to rent bed-clothes at € 15 p. journey Yes No

O I declare to have an own travel insurance that covers the booked voyage..... Yes No

O I declare to have a valid health insurance in my home country..... Yes No

O I/we allow *Anne-Margaretha Charters* to print my/our tel. number on the passengerlist, so that other passengers on this trip can contact me/us for a collective trip to the port of departure.(Please mark if you agree).

*Delete as appropriate

Please, complete the Health Statement document on the next page!

I, the undersigned declare to be familiar with the travelconditions of *Anne-Margaretha Charters* which apply to this contract. The undersigned is also responsible for the obligations of the fellow-travellers, mentioned in this form under this agreement.

Date..... Signature.....

Send or fax to: Anne-Margaretha Charters Fax: 0031 23 5341323
Barendsestraat 24 E-mail: annemargaretha@planet.nl
2012 VP Haarlem-The Netherlands

Health Statement

Anne-Margaretha Charters makes every effort to ensure the safety of every person on board. Our guests are expected as well to assume responsibility for their own safety. Insufficient mental or physical health may create undue risks not only to yourself, but it is essential to realize that illness or accidents may also threaten the safety of other guests and crew and may seriously disrupt the sailing program of the vessel.

If you are in doubt about your fitness for a sea voyage on a sailing and rolling ship you are requested to seek your doctor's advice first.

To prevent misunderstandings please fill in and sign this document:

Do you need help in climbing stairs or taking thresholds of 60 cm.(2 ft)?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you by experience very prone to motion sickness (sea sickness)?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have diabetes?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, do you need injections?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any respiratory problems? (e.g. asthma).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have heart or vain problems?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have epilepsy?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have an increased risk for infections or did you have radio- or chemotherapy in the past 24 months?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you use anticoagulants (bloodthinners)?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you suffer from other medical uncomfortabilities of which Anne-Margaretha Charters must be informed? If so, please make note of medication.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

List of my medication including dosage:

Known allergies:

Name:.....

Signature:.....

Place:..... Date:.....

By signing this Health Statement I declare to have answered these questions truthfully and that I am aware that I will participate in a voyage on the Anne-Margaretha at my own risk.