

Registration for a Ambrosia Sailing Trip

Trip #. _____ from / till _____

OR

Trip #. _____ from / till _____

First name: _____ Name: _____

Street: _____ Zip city _____

State _____ Country _____

Profession: _____ T-shirt size: S M L XL

Tel. H: _____ Tel. W: _____ FAX: _____

Mobile: _____ E-mail: _____

Date of Birth: _____ Home Town: _____

Passport or Drivers ID # _____

Sailing license: Yes No High Seas: Yes No Motor: Yes No

Radio short wave: _____

I have today(date): . _____ signed and Registered for a Ambrosia Sailing Trip.

Commentary:

I have read the General Terms and agree to them as said.

Date: _____ **Signature:** _____

Send this form to the address below or just FAX it to:

Ambrosia Sailing & Dive Charters
c/o Andy Scotty Monet
Vorderberg str. 16
06318 Walchwil
Switzerland
Tel / FAX : +41/041/758-0874 Mobile +41/079/505-0854
From out side Switzerland leave out the 0 in the Tel . # .