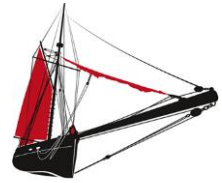


Tel: 0845 308 2323

[www.theexcelsiortrust.co.uk](http://www.theexcelsiortrust.co.uk)

# EXCELSIOR GROUP LEADER FORM



• EXCELSIOR •

1. Details of voyage:

Start date:

2. Name of Group Leader.....

3. Address .....

.....

Tel No..... Alt. Tel. No.....

5. Age ..... Date of Birth .....

6. Emergency Address and/or Telephone (if different from above)

.....

.....

7. Insurance: Participants are covered by The Excelsior Trust's insurance in the event of negligence by one of its employees or agents. Details are available on request.

8. It is nice to have photographic records of voyages and some of these might be suitable for the Trust's ongoing publicity. Unless you specifically request otherwise, photographs may be used by the Trust to promote EXCELSIOR and the Trust's activities.

### Summary:-

<b>Voyager Name:</b> For inclusion on crew list for Skipper		
<b>Date of Birth:</b>	<b>Gender:</b>	<b>Nationality:</b>
If under 18 please attach a completed Parental or Guardian consent form (obtainable from the email address below)		
<b>Passport Number:</b>	<b>Expiry Date:</b>	
(It is normal practice to have your passport with you on all voyages except a day sail)		
<b>Dietary Requirements:</b> (Vegetarian, nut allergy, dairy products etc.)		
<b>Health issues:</b> (Please tell us of any health issues which may affect your ability to help us on deck; please also remember to advise our skipper of any medication you may be taking when on the voyage)		

Data Protection Act. The information being collected on this form will only be used for the purpose of protecting the health and well-being of you. The data will not be disclosed to any external sources, other than in an emergency, without your written consent.

Signature..... Print.....

9. Please return this form to: [sailing@excelsiortrust.co.uk](mailto:sailing@excelsiortrust.co.uk) or by post by at least 4 weeks prior to your voyage.