**ARMY OFFSHORE SAILING CENTRE**

**COURSE BOOKING FORM**

***Please complete the form below and email to the ASA Office: sailing@ascb.uk.com***

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Course title:** | |  | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  | | | | Course  Number | | | Dates | | | | | |
|  | | | | From | | | | To | |
| 1st Choice | | | |  | | |  | | | |  | |
| 2nd Choice | | | |  | | |  | | | |  | |
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|  | | | | | | | | | | | | |
| **Personal details:** | | |  | | | | | | | | | |
| Full Name | | |  | | Service Number (if applicable) | | |  | | Rank/Title: | |  |
|  | | | | | | | | | | | | |
| Address | | |  | | Mil Tel No  (if applicable) | | |  | | Civilian Tel No | |  |
| Town | | |  | | Mobile Tel No | | |  | |  | |  |
| County | | |  | | MODNet Email  (If applicable) | | |  | | Civilian Email | |  |
| Postcode | | |  | | DOB | | |  | | ASA Membership Number: | |  |
|  | | | | | | | | | | | | |
| **Emergency Contact:**  **For military personnel participating on duty this should be the unit 24hr contact number to inform JCCC (Usually the guardroom or Orderly Officer)**  **For military personnel participating off duty and for civilian members this should be your Next of Kin.** | | | | | | | | | | | | |
| **Full Name or Duty Pers:** | |  | | | **Relationship (if req)** | | |  | | **Contact Tel** | |  |
|  | | | | | | | | | | | | |
| **Medical Declaration:**  **I declare that to the best of my knowledge that I am medically fit to complete the course, that I do not suffer from epilepsy, dizziness, a disability that impacts completion of the course, asthma, angina or any other heart condition.** | | | | | | | | | | | | |
| **Signed:** | | | | | | | **Date:** | | | | | |
| **Military Students only:**  **1. I declare that I have passed the Appropriate Military Swimming Test (see JSP 419, Sect 2, para’s 42 and 43) and I attach or enclose a screenshot of my JPA record.**  **2. I declare that my Line Manager has authorised attendance on this course and the deposit is non refundable unless I withdraw due to operational commitments.** | | | | | | | | | | | | |
| **Signed:** | | | | | | | **Date:** | | | | | |
| Accommodation for military personnel is no longer available at Fort Blockhouse | | | | | | | | | | | | |
| **Please send your completed form by post to the address below or by email to the** [**ASA Office**](mailto:sailing@ascb.uk.com?subject=AOSC%20Course%20Application) | | | | | | | | | | | | |
| PAYMENT DETAILS:  **You are required to pay for the course before finally being loaded onto the course** | | | | | | | | | | | | |
| **PLEASE SEE COURSE BROCHURE FOR COST OF COURSE** | | | | | | | | | | | | |
|  | |  | | | |  | | | | | | |
| **Cheque** | | Payable to | | | | Send to | | | | | | |
| ARMY SAILING ASSOCIATION | | | | Lisa Winchester  ASA, Mackenzie Bldg, Fox Lines, Queens Ave,  Aldershot, Hants, GU11 1LB | | | | | | |
| **Card payment** | | Not currently available | | | |  | | | | | | |
| **BACS** | ASCB Army Sailing Association | | | | | | | | | | | |
| **Sort code** | | 16 - 19 - 26 | | | | AC No: | | | 10038391 | | | |
| **Please enter your name and Course Number as reference on BACS payment to ensure that the ASA Office can match fees to individuals** | | | | | | | | | | | | |