

ISLE OF SKYE YACHTS (a trading name of Skye Yachts Limited)

The Boatyard, Ardsvar, Isle of Skye, IV45 8RS

Tel 01471 844216

www.isleofskyeyachts.co.uk

Email: enquiries@isleofskyeyachts.co.uk

CHARTER BOOKING FORM

Name and Address (please use CAPITALS)

.....

Contact Details

.....

Tel.(Home)

.....

Tel.(Work)

.....

Tel.(Mobile)

Postcode.....

Email address.

Please may I reserve the following boat type (s).....

From to (dates)

Please supply me the following options	Price per week <u>including VAT</u>	Please tick as required – state quantity and/or size
SKIPPER	£By Arrangement	
SLEEPING BAGS	£15 per hire	
WATERPROOF CLOTHING	£21 per set	
EXTENDED CRUISING LIMITS (see map on back of Brochure). Permission, charts and pilots NORTH (incl. St Kilda) and/or SOUTH/OTHERS	£25 for first area and £15 for subsequent sets	

I enclose/have paid a non-refundable deposit of _____ per boat per week (or part thereof) and will pay the full charter fee 28 days prior to departure. (£300 for boats less than 38ft and £500 for boats greater than 38ft.) If you wish to pay the deposit by Credit/Debit Card then please telephone us with the details. Transfers to Skye Yachts Ltd a/c 20499829 at 82-70-13, ref “Blogs” and charter start date.

A security deposit of £700 will be added to your final invoice. This will be refundable less a charge for consumables and any damages/losses within 10 days of your return.

I understand that I remain liable for the full charter fee if I have to cancel at less than two calendar months notice. Please send me details of Holiday Cancellation/Personal Insurance policy to cover such an eventuality.
YES/NO.

Details of my own and the First and Second Mate’s experience and Sailing qualifications are listed overleaf. (No experience is required for Skippered Charters). The total number sailing in my party will be _____

If this is your first charter with Isle of Skye Yachts – how did you find out about the Company? Please circle more than one option if appropriate. *YACHTING MONTHLY, INTERNET SEARCH, SAIL SCOTLAND, LONDON BOAT SHOW, ASYC, AGENCY, WORD OF MOUTH, OTHER – PLEASE SPECIFY*

I have read and agree to the conditions of charter.

SIGNED _____

DATE _____

EXPERIENCE: PLEASE GIVE FULL NAMES OF SKIPPER AND ALL CREW

	NAME AND ADDRESS (If different from overleaf)	RELEVANT QUALIFICATIONS	EXPERIENCE/QUALIFICATIONS (Continue on a separate sheet if necessary)
SKIPPER			
FIRST MATE			
SECOND MATE			
OTHER CREW			
OTHER CREW			
OTHER CREW			
OTHER CREW			
OTHER CREW			
OTHER CREW			
OTHER CREW			

FOR OFFICE USE ONLY

DEPOSIT ACKNOWLEDGED		INVOICE SENT	
DATABASE		PAYMENT RECEIVED	
PRICE		SAILING DEPOSIT REPAID	