



Winter voyages 2014/15

Christian Radich

| Voy- age | Route | Departure | Arrival | Price |
|-------------|-------------------------|--------------------|--------------------|--------|
| 1 | Malaga – Las Palmas | 8. November 20:00* | 22. November 08:00 | € 1890 |
| 2 | Las Palmas – Las Palmas | 3. January 20:00 | 10. January 08:00 | € 1037 |

Changes in arrival and departure time may occur.

*Embarking time and start with training. The ship leaves early next morning.

| | |
|--|--|
| Extra night on board incl. breakfast Max 1 night before and/or 1 night after the voyage. Voyage 1 includes the tour to Marrakech, one night at a hotel and all meals (drinks not included). Single room at the hotel: | € 65 per night € 20 |
|--|--|

Discounts

Youth: 12 -25 years: 20% discount

Youth aged 12- 15 must travel together with a parent.

Remember to check the visa and passport regulations from your country!

Payment:

Your reservation is valid by payment of 25 % deposit per voyage. The balance must be settled 30 days before departure. In case of further questions or payments, please state your booking number.

Cancellation fee:

More than 30 days before dep.: 25 %

30 - 15 days before dep.: 50 %

Less than 15 days before dep.: Full price



Registration form

The form must be complete.

Last name:

Given name:

Adress:

P.code:

Place:

Country:

E-mail:

Telephone:

Cell.phone:

Birth date:

Place of birth:

Nationality:

Passport no:

NB! Remember your passport.

Voyage no: 1 ☐ 2 ☐

Singleroom at the hotel in Marrakech (voyage 1): ☐

☐ Extra night on board before voyage

☐ Extra night on board after voyage

☐ Yes please, I would like to obtain a free membership in "Christian Radichs Friends" in 2015.

Other information: (i.e. allergies etc)

Next of kin (not on board):

Name:

Adress:

P.code:

Place:

Country:

Telephone:

Cell.phone:

E-mail:

**Declaration of health:**

Everyone with normal good health can sail with Christian Radich.

But if you have a disability, this must be further evaluated. And if you use a wheelchair or crutches, you can't be a trainee on Christian Radich. The same applies to people who have epilepsy.

Yes No

Are there health conditions, or do you have a disability
that may limit your work on board?

☐☐

Do you suffer from epilepsy?

☐☐

Have you suffered from epilepsy?

☐☐

Please explain:

Have you suffered from any other serious illness that can limit your work on board?

☐☐

Please explain:

Do you use regular medication?

☐☐

If yes, which medicine:

Are you over 70? **People over 70 should have their doctor to fill out the attached declaration.**

☐ I will purchase travel insurance.

I am aware that accidents involving people may occur. I will not claim the ship or its crew beyond what the ship's insurance or current social security will cover. Dispute will be solved according to Norwegian law.

NB: The foundation is not economic responsible for any delay that may occur, and not responsible for further travel expenses. The booking is binding. Only written cancellation is accepted.

Place:

Date:

Signature:

To be mailed to: The Christian Radich Sail Training Foundation. PO box 666 Sentrum, N - 0106 Oslo.

Fax: +47 22 47 82 71 - e-mail: postmaster@radich.no



Health declaration for trainees on board the sail ship Christian Radich

The physician that has signed this document is aware that wishes to attend a voyage with Christian Radich. I am informed that the trainees live in dormitories below deck in hammocks or bunks, and they are divided into watch teams who perform duties on board for four hours, followed by 8 hours off, day and night.

The trainees` work on board is guided by the professional crew, who give the trainees information and instructions. The work includes lookout, safety watches, to set and save sails and stand at the helm. The duties are according to the trainee`s condition and interests, but it is expected that everyone joins. Entering the rig is voluntary.

☐ Medically speaking, I have no objections to the above attending the voyage.

I would recommend the following limitations in terms of participation:

.....
.....

The person are using these medications regulary:

.....
.....

Place and date.....

Stamp/signature.....