

Winter voyages 2017- 2018, Christian Radich



Voyage	Route	Departure	Arrival	Price
1	Las Palmas – St. Maarten, stop in Cape Verde	5. November 10:00	30. November 14:00	€ 2650
2	St. Maarten – Grenada	3. December 10:00	8. December 14:00	€ 905
3	Grenada – Cartagena	11. December 10:00	19. December 10:00	€ 1325
4	Cartagena – Havanna	4. January 10:00	16. January 14:00	€ 1540
5	Havanna – St. Maarten	20. January 10:00	15. February 14:00	€ 2500
6	St. Maarten – Horta, The Azores	20. February 10:00	13. March 14:00	€ 2500
7	Horta, Azores – A Coruña	15. March 10:00	22. March 14:00	€ 905
8	A Coruña – Portsmouth	25. March 10:00	3. April 10:00	€ 955

Check-in on board the evening before departure, if no other information is given.

Changes in arrival and departure time may occur.

Given good conditions, the arrival time may be earlier. You may of course stay on board until given date. There might also be some waiting to be allowed to get into port.

Extra night onboard incl. breakfast: One extra night after the voyages incl. breakfast is possible.	€ 60 per night
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Special Offer:

10% discount if you sail with us on more than one leg and you can stay on board between the legs, it costs € 60 per night and includes breakfast. Not possible between leg 3 and 4.

Discounts

Youth: 15 -25 år: A discount of 10% applies on each leg and on special offers. Youth 15- 18 allowed to travel with their parents.

Payment

Your reservation is valid by paying 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 60 days before dep.: Administration fee, € 15

59 - 15 days before dep.: 50 %

Less than 15 days before dep.: Full price

Administration fee for booking by this registration form: € 15

Online booking on www.radich.no is free of charge.

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Registration form The form must be complete.

Name must be the same as in your passport.

Last name: _____ Given name(s): _____

Address: _____

P.code: _____ Place: _____ Country: _____

E-mail: _____ Cell.phone: _____

Birth date: _____ Place of birth: _____ Nationality: _____ Passport no: _____

NB! Remember to bring your valid passport.

Voyage no: 1 2 3 4 5 6 7 8

Extra night on board after voyage

Remember to book an extra night before or after the voyage, but not before voyage 3, 5 or after voyage 7, 8, 9 and 11.

Please send me the Christian Radich handbook, *we recommend this if it is your first time on board*

I am not a member of "Christian Radichs Friends" and would like to obtain a free membership in 2018. It will give Christian Radich financial support.

Other information (i.e. allergies):

Name of next of kin (not on board): _____

Adress: _____

P.code: _____ Place: _____ Country: _____

Telephone: _____ Cell.phone: _____ E-mail: _____

I will purchase travel insurance and I will check if there is any restrictions or special visa needed from my country.

I am aware that accidents with personal injury 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.

I have read and accepted your terms of health

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Place:

Date:

Signature:

Bookingnumber _____

Terms regarding health and disabilities

Must be sent to the office if you check yes to one or more questions

Everyone with normal good health can sail with Christian Radich. An important part of the experience to all trainees is to be able to sail as much as possible. Everyone will join in on the duties. We expect that most of you enter the rig as well, but if you don't want to join this, please inform your watch leader. If you have any health limitations or disabilities, this must be further evaluated. On sea, health limitations can be extended, and especially if bad weather occurs. We expect that every trainee is able to take care of her- or himself, it is not possible for our crew to pay extra attention to each individual trainee. If you are over 70 years, you have to send us the health declaration, signed by your doctor.

Yes No

Do you have poor health, or do you have a disability that may limit your work on board?
If yes, please explain

Do you suffer from or have you had one of the following diseases: Epilepsy, Cardio vascular disease, pulmonary disease, kidney disease, problems with the nervous system, balance or mental disorders?
If yes, please explain:

Is it a problem to step over high thresholds (40 cm) or go in steep stairs?
If yes, please explain:

Do you use regular medication?
If yes, which medicine:

Do you suffer from serious allergy which can cause shock?
If yes, please explain:

If information is withheld and the trainee because of disabilities proves to be a burden to crew and other trainees on board, or pose danger to themselves or others, the Captain can decide that the trainee has to disembark before the voyage ends. Travel expenses will be covered by the trainee.

To be treated confidential.

Place:

Date:

Signature:

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Bookingnumber _____

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:

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The person are using these medications regulary:

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Place and date.....

Stamp/signature.....