



Join the Traditional Boats of the Basque Country Tour — August 31–September 7, 2019

Your Full Name: _____ Preferred First Name/Nickname: _____

Primary Tel. _____ Email: _____

Address: _____

Age: _____ Height: _____ Weight: _____ Gender: _____ Citizenship: _____

Birthday: _____

Emergency Contact:

Name: _____ Relationship: _____

Primary Tel. _____ Secondary Tel. _____

Emergency Contact Email: _____

Address: _____

Health Insurance Carrier: _____

Policy Number and Type: _____

Traveler's Health Insurance Carrier (We recommend [World Nomads](#)):-

Policy Number and Type: _____

Are there any physical or medical conditions that would affect your ability to participate fully in rowing and/or sailing? ____ Yes ____ No

If yes, please explain: _____

Please list any medical conditions you have, and any medication you are taking:

Please list any dietary restrictions/needs:

What do you hope to gain from this experience?

How did you find out about Maritime World Expeditions?

I, _____ (print name) have read and agree to the Terms of Service (on the Maritime World Expeditions website: <https://www.maritimeworldexpeditions.com/terms-of-service.html>).

Your Signature: _____ Date: _____

About Payment:

All payment is required by **July 15th, 2019**.

A minimum deposit of **\$300** is required with this application.

If you need to cancel, **all payment minus the \$300 deposit will be refundable until July 15th, 2019**.

Checks should be made out to:

Maritime World Expeditions

and sent to:

Maritime World Expeditions

PO Box 481

Belfast, Maine 04915

Please email or call with any questions:

info@maritimeworldexpeditions.com

(207) 610-9554