



## Join the Traditional Boats of Ireland Tour — May 23 – 28, 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:

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What do you hope to gain from this experience?

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How did you find out about Maritime World Expeditions?

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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 **April 20th, 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 April 20th, 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](mailto:info@maritimeworldexpeditions.com)

**(207) 610-9554**