

Pretty Sailing School Booking Form

Customer Information

Full Name: _____

Email Address: _____

Phone Number: _____

Booking Details

Course Name/Type: _____

Preferred Dates: _____

Number of Participants: _____

Experience Level: _____

Special Requirements (Dietary, Medical, etc.):

Payment Information

Course Fee: _____

Payment Method: _____

Terms and Conditions

I agree to the terms and conditions.

Signature: _____

Additional Notes

Please provide any other requests or information.
