



PARTICIPANT APPLICATION

Please complete and fax to +1 360 272 7545, OR scan and email the documents to application@sailkailani.com

OCEAN ADVENTURE: 2013 Passage 1: _____
2013 Passage 2: _____
OTHER: _____

CONTACT INFO

Name _____ E-mail _____
Address _____
City _____ State _____ Country _____ Postal Code/ZIP _____
Phone (____) _____ Alternate (____) _____

PERSONAL DATA

Date of Birth _____ Sex _____ Height ___ ft ___ in Weight _____ lbs
Occupation _____
EXACT Name as it appears on Passport _____
Passport # _____ Passport Nationality _____ Passport Expiration _____

SAILING RESUME

Number of years sailing _____
Home waters _____
Number of consecutive days spent in blue water _____
Own a boat _____ NO _____ YES If so, type and LOA _____
What boat did you first sail by yourself _____
Largest boat you have sailed on _____ ft as crew _____ ft. as captain
Courses completed and licenses or certifications held:

MISCELLANEOUS (Use additional sheets if necessary)

What is your objective in participating in this passage?

Pretty much every sailor gets seasick at some point in their life. Describe your experiences with seasickness.

Describe any skills you may have that could be of benefit on the passage:

Languages spoken besides English: _____

Please sign, date and fax the completed application to Kailani Ocean Adventures at +1 360 272 5052. Alternatively you may scan and email it to application@sailkailani.com. Applications are processed in the order received. A completed application is no guaranty of acceptance. Your non-refundable deposit of 50% of the berth cost must be received within 72 hours of notification of acceptance. Final payment is due 30 days before departure.

Applicant Signature

Date

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