



SUNSHINE SAILING, LLC

Sailing Questionnaire

This document allows us at Sunshine Sailing, LLC to provide the best sailing adventure possible for our guests. It also allows us to obtain needed information about our customers and to allow our customers to provide us with any pertinent information or special needs. We respect your privacy and in no way will we share your information with any outside organization for use in soliciting or marketing. Please see our privacy page at www.sailthesloop.com for more information.

Please complete a questionnaire for each individual attending your scheduled sailing adventure. Completing the questionnaire(s) in advance will allow for more sailing time and less paperwork on the day of your adventure.

Name:		
Address:		
City:	State:	Zip:
Phone:	Cell Phone:	
Emergency Contact Name:		
Emergency Contact Phone:		Alternate Phone:
Charter Date:		
Special Needs (Including handicaps, allergies, and medical conditions):		
Are there any concerns or questions you would like us to address before enjoying your sailing adventure?		

Can you swim?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	DON'T KNOW <input type="checkbox"/>
Have you sailed before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	DON'T KNOW <input type="checkbox"/>
Are you prone to motion sickness?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	DON'T KNOW <input type="checkbox"/>

Signed: _____ Date: _____

Full Printed Names of the Above Signed _____