**CLASSIC CHANNEL REGATTA VOYAGE APPLICATION 4 – 10 JULY 2021**

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| --- | --- |
| First Name |  |
| Surname |  |
| Date of Birth |  |
| Telephone No  |  |
| Mobile No |  |
| Email |  |
| Postal Address |  |
| Please give a brief statement of why you would like to go on the voyage. |
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| This voyage presents many opportunities for personal development. What do you hope will be the key benefits for you?  |
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| You do not need any previous sailing experience to take part, but if you do have some, it will be helpful for us to know what that experience is. |
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| You will be expected to pay a contribution to the total cost of your place on the voyage – the amount will not be more than £125 and could be less if we feel you are eligible for a bursary grant. Please tell us how you intend to raise this amount or tell us the reasons you feel this amount is out of your reach and may make you eligible for a grant.  |
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| To tell us about your circumstances, please tick the boxes below that apply to you. If you or your parents or guardian are on low income, you may be eligible for support in funding the £125 voyage contribution. |
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| You or your parent(s)/guardian are not in full time employment |  |
| You or your Parent(s)/guardian receive low-income benefits  |  |
| You receive free School meals |  |
| You are in care or are looked after by a single parent or guardian  |  |
| You are a student in receipt of financial support |  |
| You are a young carer looking after siblings or parents/guardians  |  |
| You have additional support needs |  |
| You are being home schooled  |  |
| None of the above |  |

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| I declare that the information given on this form is true and complete. |
|  |
| Signed: |  |
|  |  |
| Name of parent or guardian if under 18: |  |
|  |  |
| Signature of parent/guardian: |  |

Please scan and email the completed form to admin@cysf.org.uk