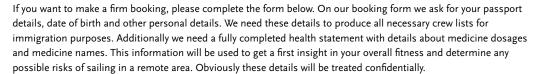


YOUR BOOKING





Completing the form will take about 10 till 15 minutes of your time. If you don't have all necessary information at hand and need some more time you can download a PDF version of our form. This will give you the opportunity to save the document on your desktop and send it via e-mail to our office.

After receipt of your booking form we will process your booking as soon as possible. Your booking is confirmed after receiving our confirmation of your booking and a corresponding invoice. Our payment conditions and banking details are mentioned on the invoice. Good to know: we cannot accept cheques and credit cards.

Are you 65 years old or over at the time of sailing? We kindly ask you to fill in the additional health statement that needs to be signed by your physician/general practioner. While booking a voyage, you can email the document to: info@barkeuropa.com. This statement will be discussed by our ships doctors to make a final decision, based on safety, fitness and health, together with our captains and shipping office.

Sailors of the age of 73 and over, unfortunately can't join us on the ocean crossings and Antarctica expeditions, but they are more than welcome to apply for coastal voyages. We understand this is a very stric decision and the health situation can differ a lot bewteen one person ore the other. This decision is therefore carefully discussed with our ships doctors and captains and mainly based on the number of medical issures that happened, fatigue and a slower recovery of injuries at a certain age.

TRAINEE DETAILS FOR CUSTOMS AND IMMIGRATION AUTHORITIES

Gender	Male	Female	Nickname	
Initials			Lastname	
First name (as in passport)				
Nationality				
Place of birth			Country of birth	
Date of birth				
Passportnumber				
Valid until			Date of issue	
ADDRESS INFORM	MATION			
Street + number			Postal code	
City			Country	
Email address			Profession or occupation	
Telephone			Mobile number	
BOOKS THE FOLL	OWING SA	AIL VOYAGE ON	BOARD THE BARK EU	JROPA:
Port of embarkation			Date of embarkation	
Port of disembarkation			Date of disembarkation	
Cabin preference	2 persons	4/6 persons		
Remark				
I am a single traveler	I travel wit	h		





PLEASE TICK OFF YOUR CHOICE

yes	no	I declare to have an own travel insurance, including coverage of a possible medical evacuation*
yes	no	I declare to have a valid health insurance in my home country.*
yes	no	I declare to arrange a cancellation insurance, at the time of receiving the confirmation of my booking*

NEXT OF KIN (EMERGENCY CONTACT)

Relation		
Mrs./Ms./Mr. name	Street + number	
Postal code	City	
Country	Email address	
Telephone	Mobile number	

DIETARY OPTIONS

Please select vegetarian or non-vegetarian. Please note that due to the careful planning and stores purchased by our chefs, this choice applies to the entire voyage and it is not possible to change this diet choice during the voyage.

Vegetarian non-vegetarian

FOOD ALLERGIES

Food allergies	
Food allergies	

Please select if you have any allergies. Please list your allergies and give a brief explanation about your allergy.

ADDITIONAL REMARKS

HEALTH STATEMENT - BARK EUROPA

The shipping company Rederij Bark EUROPA makes every effort to ensure the safety of every person on board. Our trainees are expected as well to assume responsibility for their own safety. Insufficient mental or physical health may create undue risks, not only to yourself, but it is essential to realize that illness or accidents may also threaten the safety of other trainees and crew and may seriously disrupt the sailing program of the vessel.

MEDICAL CARE

When undertaking a long ocean voyage where you are several days of sailing away from the inhabited world, it is important to realize that extensive medical care is not available. Transport to the mainland is often impossible. On board there are crew members with a medical training. If you are in doubt about your fitness for a sea voyage on a sailing and rolling ship you are requested to seek your doctor's advice first.

If you are in doubt about your fitness for a sea voyage on a sailing and rolling ship you are requested to seek your doctor's advice first.

To prevent misunderstandings please answer the questions below. Please keep in mind that a questions answered with 'yes' does not automatically mean you will be refused on board the ship. Please inform the office of the Bark EUROPA about any condition and keep in mind to bring your own necessary medication with you.

yes	no	Do you need help in climbing stairs or taking thresholds of 60 cm (2 ft)?*
yes	no	Are you by experience very prone to motion sickness (sea sickness)?
yes	no	Do you have diabetes?*
yes	no	If yes, do you need injections?*





yes		Do you have any respiratory problems	r (e.g. Asima)"		
	no	Do you have heart or vascular problen	ns?*		
yes	no	Do you have epilepsy?*			
yes	no	Do you have an increased risk for infe	ctions or did you have radio- o	r chemotherapy in the	past 24 months?*
yes	no	Have you been denied a driver's licent	ce on medical grounds?*		
yes	no	Do you use anticoagulants (bloodthin	ners)?*		
yes	no	Are you pregnant? *			
yes	no	Do you suffer from other medical unc	omfortabilities of which the Re	derij must be informe	ł}*
yes	no	Do you have a previous history of a ne	ervous or mental disorder?*		
yes	no	Do you have joint replacements (hip/l	knee)?*		
yes	no	Do you experience any difficulty with y	our physical mobility?*		
yes	no	Do you experience any difficulty with y	our hearing?*		
yes	no	Do you experience any difficulty with o	:limbing a rope ladder?*		
yes	no	Do you do sports or any other exercise	÷j*		
case yes	s, what type of	sport or exercise?			
	minutes per				
you have	answered que	estions with 'yes'			
ease expla	•	,			
is is the o	complete list	of my medication			
cluding d	•				
0	Ü				
nown aller	rgies				
iowii alici	16103				
yes	no	Are you fully vaccinated against COVI	D)		
•		Vaccine type 2	.	Vaccine type 3	
		Date of vaccinatio		Date of vaccination	
ccine type ate of vace		Date of vaccinatio		Date of vaccination	

voyage on board the Bark EUROPA is at my own risk.*

I agree to immediatly advise Rederij Bark EUROPA of any change in the status of my health condition prior to boarding*

I am aware that the captain has overall responsibility on board, including all medical issues and therefore give my consent that medical data provided both on the health form and shared on board with the ships doctor will be shared with the captain if necessary.*

I accept the General conditions and agree to make an official booking.

