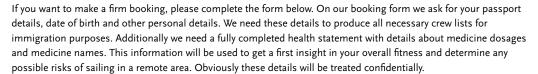
YOUR BOOKING





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	
nitials			Lastname	
First name (as in passport)				
Nationality				
Place of birth			Country of birth	
Date of birth				
Passportnumber				
/alid until			Date of issue	
ADDRESS INFORM	IATION			
Street + number			Postal code	
City			Country	
mail address			Profession or occupation	
elephone			Mobile number	
BOOKS THE FOLLO	OWING SA	AIL VOYAGE ON	BOARD THE BARK EU	ROPA:
ort 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.*
ves	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	no	Do you have any re	espiratory problems? (e.g. Astma)*		
yes	no	Do you have heart	or vascular problems?*		
yes	no	Do you have epile	osy; [}] *		
yes	no	Do you have an in	creased risk for infections or did you	ı have radio- or chemotherapy	in the past 24 months?*
yes	no	Have you been de	nied a driver's licence on medical gr	ounds?*	
yes	no	Do you use antico	agulants (bloodthinners)?*		
yes	no	Are you pregnant?	*		
yes	no	Do you suffer from	other medical uncomfortabilities o	f which the Rederij must be ir	formed?*
yes	no	Do you have a pre	vious history of a nervous or mental	disorder?*	
yes	no	Do you have joint	replacements (hip/knee)?*		
yes	no	Do you experience	any difficulty with your physical mo	bility?*	
yes	no	Do you experience	any difficulty with your hearing?*		
yes	no	Do you experience	any difficulty with climbing a rope l	adder?*	
yes	no	Do you do sports	or any other exercise?*		
In case ye	es, what type o	f sport or exercise?			
How man	y minutes per	week?			
If you have	e answered qu	estions with 'yes'			
please exp	olain here				
This is the	complete list	of my medication			
including	dosage				
Known all	ergies				
yes	no	Are you fully vacci	nated against COVID? *		
Vaccine ty	ре 1		Vaccine type 2	Vaccine type	3
Date of va	ccination		Date of vaccination	Date of vacci	nation
BECAU	JSE OF T	HE CERTAIN ME	ASUREMENTS OF THI	E SAFETY HATCHE	S ON BOARD THE
SHIP \	NE ASK 1	THE FOLLOWING			
yes	no	Do vou estimate tl	nat you could use the emergency esc	cape hatch with the measuren	nents of 60 x 52cm?*
,		,	,		
Weight in kg*			Length ir	ı cm*	
weight ill Ag					
	Lam aware o	f and accept the condition	ns and considerations above. I decla	re to have answered these au	estions truthfully. This booking
			is and considerations above. I decia Itains approval based on the comple		
		oard the Bark EUROPA is			

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

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.