



SAIL TRAINING INTERNATIONAL RDV 2017 TALL SHIPS REGATTA TRAINEE ASSISTANCE PROGRAMME



APPLICATION FORM

Name:	First name:	Last/Family name:	
Nationality:		Male / Female:	
Age at start of chosen voyage (15 + only)		Date of birth:	
Address:			
Email:		Telephone number:	
<p>Have you taken part in a Sail Training International Tall Ships Race or Regatta before?</p> <p>YES/NO</p>			
Available Voyage Options.		Please choose 1 voyage.	
Bermuda to Boston	Total Voyage Cost (US\$)	\$	
	Financial Assistance Requested: (US\$)	\$	
Bermuda to Halifax	Total Voyage Cost: (\$CDN)	\$	
	Financial Assistance Requested: (\$CDN)	\$	
<p>Note: Non-US citizens will need a US B1/B2 visa to enter the US. Contact your embassy for more information.</p> <p>NAME OF TALL SHIP: If you have a preferred Tall Ship, please state name. If you have no preference, please leave blank.</p> <p>NOTE: Applicants should not make arrangements directly with any vessel in advance of being allocated funding.</p> <p>A list of ships with places still available can be found on www.sailonboard.com</p>			

Why do you want to take part in RDV 2017?			
What, if any, sailing experience do you have? (No previous sailing experience is required.)			
Why do you require financial assistance? And tell us how you are going to raise the remainder of the voyage fee? (Please note, this bursary cannot be awarded in conjunction with any other Sail Training International bursary funding for this leg.)			
Please list any holidays/vacations you may have had away from home during the past two years:			
If awarded funding I agree to: <ol style="list-style-type: none"> 1. Complete an Evaluation Report form and, if possible, include up to four "action" photographs, as jpegs. This Evaluation Report form will be sent to you prior to your Tall Ships voyage. 2. Send a link to your Facebook page (if you have one) and accept the STI group invite so they can follow and share your posts. 3. Be involved in publicity for this scheme if required, including being photographed. 4. Participate fully as required in the on-board vessel programme. 5. Be responsible for travelling to and from the vessel. 			
Signed <i>(if under 18 years of age, the signature of your parent or guardian please):</i>		Date	

Please complete and return to: TAP@sailonboard.com

