

## **Boat Sign-Up**

Name of Boat:	
Skipper Name:	
Contact Phone Number:	e-mail:
Skippers Club:	
Size of Boat: Kind of Boat:	
How many guests will you carry:	
Wheel Chair Capable: □ Yes □ No	
I certify that I have valid third-party liability	insurance.
Skippers Signature	Date
We will have a Skippers meeting on (day an receive a special burgee (see below) for you	nd date) at (time) in (location). At that time you will ar vessel.
If you have any questions please feel free to or e-mail at (e-mail address).	contact (name) at (phone number)
Please return completed form by (date) to:	(Name) (Address 1) (Address 2)

