

DWYC 2025 FLEET CRUISING

Information

LAST NAME _____ FIRST NAME(S) _____

ADDRESS _____

HOME PHONE _____

CELL PHONE _____

SECONDARY CELL PHONE _____

PRIMARY EMAIL _____

SECONDARY EMAIL _____

EMERGENCY CONTACT:

NAME _____ CELL PHONE _____

EMAIL _____

VESSEL OWNER INFORMATION:

BOAT NAME _____ POWER? SAIL? (PLEASE CIRCLE)

LENGTH _____ BEAM/WIDTH _____

CF OR DOC # _____

MARINA (E/W and I/C?) _____ DOCK _____ SLIP # _____

AFTER COMPLETING THIS FORM, ATTACH A COPY OF YOUR REGISTRATION & INSURANCE

Please return to Fleet Captain JR Seago jrseago@me.com