

John Kretschmer Sailing

Crew Data Sheet

Passage Date _____

Name _____

Address _____

City, State, Zip _____

Email _____

Check the box of your preferred contact number

Home Phone _____

Work Phone _____

Mobile Phone _____

Emergency Contact _____

Brief Health History _____

Medications _____

Dietary Concerns/Allergies _____

Foods you dislike _____

Signature _____

Deposit Amount _____

Balance Due _____