

954-522-2739  
1-800-438-2739

DATE: \_\_\_\_\_  
TIME: \_\_\_\_\_  
BY: \_\_\_\_\_  
SOURCE: \_\_\_\_\_



**INTERNATIONAL, INC.**  
404 S.E. 17<sup>TH</sup> Street \* Fort Lauderdale, FL 33316

**CREW REQUEST CONFIRMATION**

NAME OF VESSEL: \_\_\_\_\_

MAKE/TYPE: \_\_\_\_\_ YEAR: \_\_\_\_\_

LOCATION OF VESSEL: \_\_\_\_\_ YACHT REGISTRY: \_\_\_\_\_

SAIL \_\_\_ POWER \_\_\_ CHARTER \_\_\_ PRIVATE \_\_\_ DAY WORK \_\_\_ COMMERCIAL \_\_\_

NAME OF REQUESTOR: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

OWNER: \_\_\_\_\_ CAPT. \_\_\_\_\_ AGENT \_\_\_\_\_ EMAIL: \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ COUNTRY \_\_\_\_\_

FAX \_\_\_\_\_

\_\_\_\_\_ Cr.Cd.# \_\_\_\_\_ Exp. Date \_\_\_\_\_

CREW REQUIRED	SALARY	BENEFITS

PERM \_\_\_ TEMP \_\_\_ DEL \_\_\_ LIVE ABD \_\_\_  
CREW AGES:(+) \_\_\_\_\_ (-) \_\_\_\_\_  
SMOKE? \_\_\_\_\_ DRINK \_\_\_\_\_  
MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ EITHER: \_\_\_\_\_  
LANGUAGE: \_\_\_\_\_  
NO.of CREW: \_\_\_\_\_  
WHERE CRUISING: \_\_\_\_\_  
NO. of GUESTS: \_\_\_\_\_

GENERAL INFORMATION:

**SEE REFERRAL AGREEMENT FOR TERMS OF FEES AND PAYMENT**

SIGNATURE OF AUTHORIZED REQUESTOR \_\_\_\_\_ DATE \_\_\_\_\_

Please sign and fax copy to CREWFINDERS for receipt of information