

954-522-2739
 1-800-438-2739
 Fax: 954-522-2725

DATE: _____
 TIME: _____
 BY: _____
 SOURCE: _____

In Newport
 401-849-5227
 1-866-230-2739



INTERNATIONAL, INC.
 404 S.E. 17TH Street * Fort Lauderdale, FL 33316

CREW REQUEST CONFIRMATION

NAME OF VESSEL: _____
 MAKE/TYPE: _____ YEAR _____ SIZE _____
 LOCATION OF VESSEL: _____ YACHT REGISTRY _____
 SAIL _____ POWER _____ CHARTER _____ PRIVATE _____ DAY WORK _____ COMMERCIAL _____
 NAME OF REQUESTOR: _____ TELEPHONE _____
 OWNER: _____ CAPT. _____ AGENT _____ EMAIL: _____
 BILLING ADDRESS _____ FAX _____
 _____ Cr.Cd.# _____ Exp. Date _____
 CITY _____ STATE _____ ZIP _____ COUNTRY _____

| 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

CREW REFERRED

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| | | |
| | | |
| | | |

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