

DATE:	
TIME:	
BY:	
SOURCE:	

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

## **CREW REQUEST CONFIRMATION**

MAKE/TYPE:	NAME OF VESSEL:_					_	
SAILPOWERCHARTERPRIVATEDAY WORKCOMMERCIAL NAME OF REQUESTOR:TELEPHONE: OWNER:CAPTAGENTEMAIL: BILLING ADDRESS CITYSTATECOUNTRY FAX	MAKE/TYPE:				_ YEAR: _		
NAME OF REQUESTOR: TELEPHONE:  OWNER:CAPTAGENTEMAIL:  BILLING ADDRESS  CITY STATECOUNTRY  FAX  Cr.Cd.#Exp. Date  CREW REQUIRED SALARY BENEFITS PERM TEMP DEL LIVE AB	LOCATION OF VESS	EL:		YACHT R	EGISTRY:		
OWNER:CAPTAGENTEMAIL:	SAILPOWER	_CHARTER	PRIVATE	DAY \	WORK	COMM	ERCIAL
BILLING ADDRESS  CITY STATE COUNTRY  FAX  Cr.Cd.# Exp. Date  CREW REQUIRED SALARY BENEFITS PERM TEMP DEL LIVE AB CREW AGES:(+) (-) SMOKE? DRINK MALE FEMALE EITHER: LANGUAGE: NO.of CREW: WHERE CRUISING:	NAME OF REQUESTO	OR:			TEL	EPHONE	: <u></u>
CITY	OWNER:CAF	TAGEN	T	EMAIL:			
CREW REQUIRED SALARY BENEFITS PERMTEMPDELLIVE AB CREW AGES:(+)(-)_ SMOKE?DRINK_ MALEFEMALEEITHER: LANGUAGE: NO.of CREW: WHERE CRUISING:	BILLING ADDRESS_						
CREW REQUIRED         SALARY         BENEFITS         PERMTEMPDELLIVE AB           CREW AGES:(+)(-)	FAX						
CREW AGES:(+)(-)  SMOKE?DRINK  MALEFEMALEEITHER:  LANGUAGE: NO.of CREW: WHERE CRUISING:		C	r.Cd.#			E	Exp. Date
SMOKE?DRINK	CREW REQUIRED						
LANGUAGE: NO.of CREW: WHERE CRUISING:				SMOKE?_		DRINK_	
NO.of CREW:							
				NO.of CRE	W:		
NO. of GUESTS:							
GENERAL INFORMATION:  SEE REFERRAL AGREEMENT FOR TERMS OF FEES AND PAYMENT							
SIGNATURE OF AUTHORIZED REQUESTORDATEDATE							_DATE