

CREW LIST FOR _____ (YACHT NAME)

FOR THE ATTENTION OF THE SKIPPER: Please ensure all crew members details are correct and left ashore with sanctioned shore staff for safety. Thanks in advance you for your help!.

Skipper: |NOK Name:
Address: |Relationship:
Tel:

Signature:
Tel:
Email:
Swim: Y/N
Notable Health Issues / conditions:

Dietary Needs:

CREW MEMBER DETAILS

| EMERGENCY CONTACT DETAILS

First Mate: |NOK Name:
Address: |Relationship:
Tel:

Signature:
Tel:
Email:
Swim: Y/N
Notable Health Issues / conditions:

Dietary Needs:

Crew member: | NOK Name:
Address: |Relationship:
Tel:

Signature:
Tel:
Email:
Swim: Y/N
Notable Health Issues / conditions:

Dietary Needs:

Please note: By signing this crew list the above named agree to be bound by the terms and conditions of associated with the Charter Agreement. A copy of the Booking Form/Charter agreement can be obtained from NMI upon request.

CREW MEMBER DETAILS

| EMERGENCY CONTACT DETAILS

Crew:
Address:
Tel:

Signature:
Tel:
Email:
Swim: Y/N
Notable Health Issues / conditions:

Dietary Needs:

|NOK Name:
|Relationship:

Crew:
Address:
Tel:

Signature:
Tel:
Email:
Swim: Y/N
Notable Health Issues / conditions:

Dietary Needs:

|NOK Name:
|Relationship:

Crew:
Address:
Tel:

Signature:
Tel:
Email:
Swim: Y/N
Notable Health Issues / conditions:

Dietary Needs:

|NOK Name:
|Relationship:

Crew:
Address:
Tel:

Signature:
Tel:
Email:
Swim: Y/N
Notable Health Issues / conditions:

Dietary Needs:

|NOK Name:
|Relationship:

CREW MEMBER DETAILS

| EMERGENCY CONTACT DETAILS

Crew:
Address:
Tel:

|NOK Name:
|Relationship:

Signature:
Tel:
Email:
Swim: Y/N
Notable Health Issues / conditions:

Dietary Needs:

Crew:
Address:
Tel:

|NOK Name:
|Relationship:

Signature:
Tel:
Email:
Swim: Y/N
Notable Health Issues / conditions:

Dietary Needs:

Crew:
Address:
Tel:

|NOK Name:
|Relationship:

Signature:
Tel:
Email:
Swim: Y/N
Notable Health Issues / conditions:

Dietary Needs:

Crew:
Address:
Tel:

|NOK Name:
|Relationship:

Signature:
Tel:
Email:
Swim: Y/N
Notable Health Issues / conditions:

Dietary Needs:

CREW MEMBER DETAILS

| EMERGENCY CONTACT DETAILS

Crew:
Address:
Tel:

|NOK Name:
|Relationship:

Signature:
Tel:
Email:
Swim: Y/N
Notable Health Issues / conditions:

Dietary Needs:

Crew:
Address:
Tel:

|NOK Name:
|Relationship:

Signature:
Tel:
Email:
Swim: Y/N
Notable Health Issues / conditions:

Dietary Needs:

Crew:
Address:
Tel:

|NOK Name:
|Relationship:

Signature:
Tel:
Email:
Swim: Y/N
Notable Health Issues / conditions:

Dietary Needs:

Crew:
Address:
Tel:

|NOK Name:
|Relationship:

Signature:
Tel:
Email:
Swim: Y/N
Notable Health Issues / conditions:

Dietary Needs: