

John Kretschmer Sailing
S/V Quetzal
Crew Data Sheet

Passage Date and Destination _____

Name _____ Age _____

Address _____

City, State, Zip _____

Email _____

(check preferred number)

Home Phone _____

Work Phone _____

Mobile Phone _____

Emergency Contact _____

Brief Health History _____

Medications _____

Prone to Seasickness _____ Dietary Concerns _____

Foods you dislike _____

Alcohol Preferences _____

Type of boat you own or sail _____

Brief sailing experience _____

Reason for signing aboard _____

Signature _____ Date _____

Deposit Amount _____