



Severe Weather Worksheet

Slip #: ____ - _____

Boat's Name: _____

Member name: _____
Address: _____
Address 2: _____
City: _____ ST: ____ Zip: _____
Home Phone: () ____ - _____
Work Phone: () ____ - _____
Cell Phone: () ____ - _____

1st Alt. Contact (In case you are unavailable)

Name: _____
Address: _____
City: _____ ST: ____ Zip: _____
Home Phone: () ____ - _____
Work Phone: () ____ - _____
Cell Phone: () ____ - _____

Has Boat Keys? ____
Access to hurricane equipment? ____

2nd Alt. Contact (In case you are unavailable)

Name: _____
Address: _____
City: _____ ST: ____ Zip: _____
Home Phone: () ____ - _____
Work Phone: () ____ - _____
Cell Phone: () ____ - _____

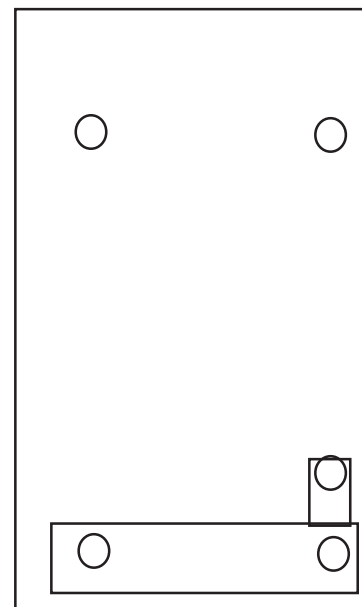
Has Boat Keys? ____
Access to hurricane equipment? ____

Please briefly describe your severe weather plan.

List of Equipment Needed Aboard to Prepare Boat:
Current Location

Extra Lines: _____
Chafe Protectors: _____
Fenders: _____
Duct Tape: _____
Plugs (Exhaust Ports): _____

Proposed Diagram of Docking Arrangement:



Member Signature: _____

Date: _____