

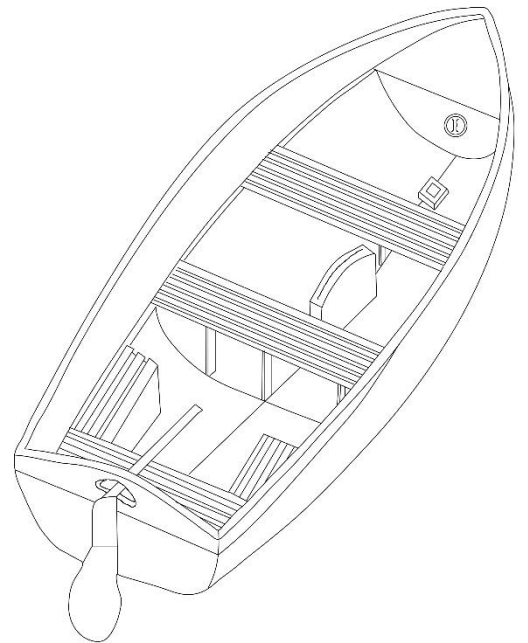
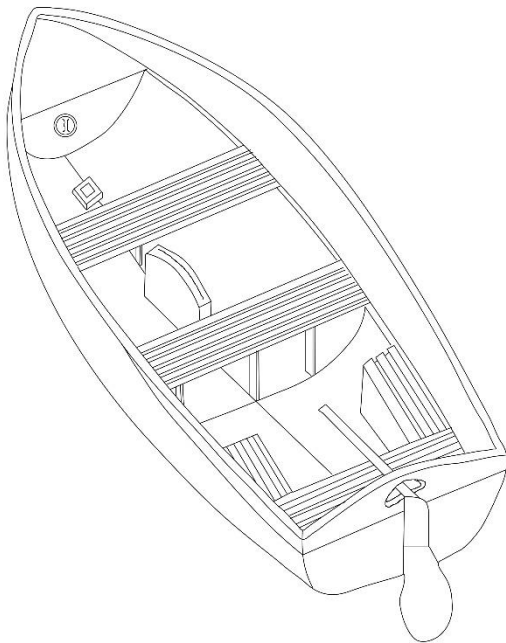


Please ensure that the following form has been completed and signed by all relevant parties in order to qualify for the SSCBRF.

Boat Number: _____

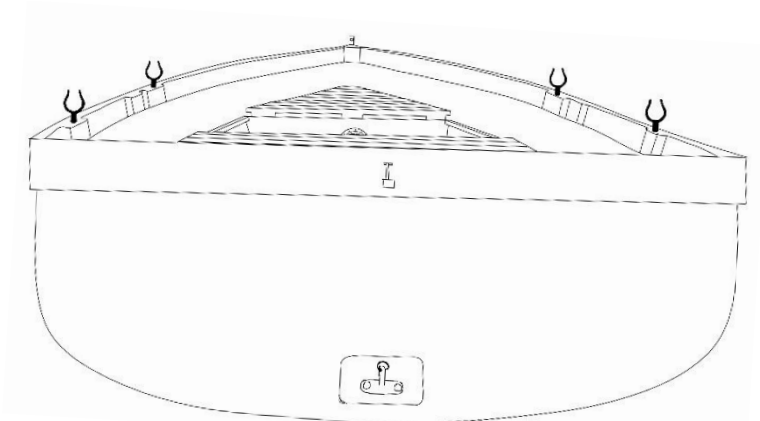
Activity: Pulling Sailing

Please circle any/all damaged areas:



Comments or Details of marked areas: _____

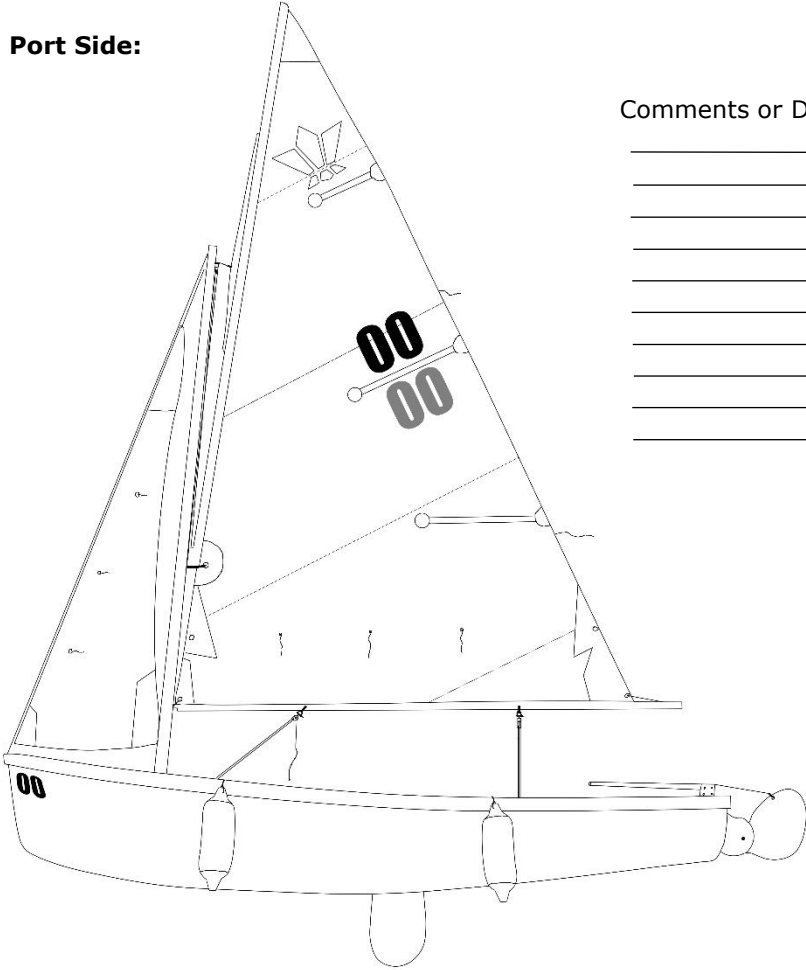
Please circle any/all damaged areas:



Comments or Details of marked areas: _____

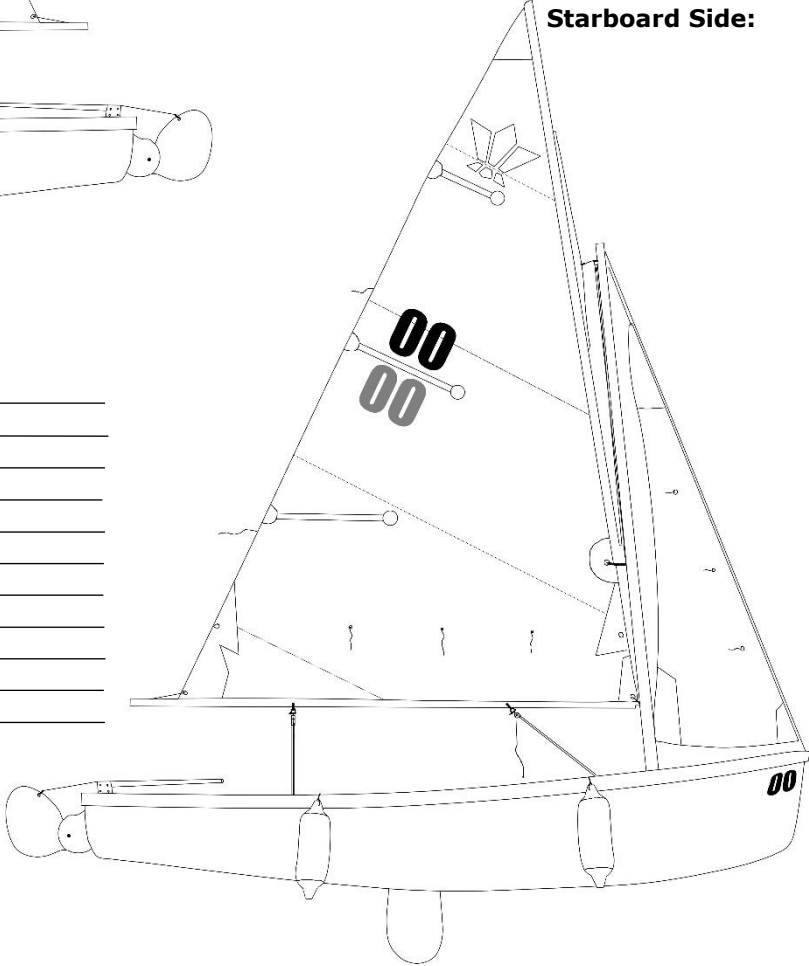
Please circle any/all damaged areas:

Port Side:



Comments or Details of marked areas: _____

Starboard Side:



Comments or Details of marked areas: _____

Date Signed: ___ / ___ / 202__

Course Leader: _____

Full Name: _____

Group Representative: _____

Full Name: _____