

APPENDIX 4 – Sail Limitation Mark Form

Owner _____ Date _____

Contact Name _____ Phone _____

Boat Name _____ Hull No. _____

Email _____

Request is for: (Check all that apply)

- _____ Additional Sail Limitation Marks (included with dues)
- _____ Replacement for Lost or Damaged Marks (\$30 each)
- _____ Replacement for Lost or Damaged Sail (\$30 each)
- _____ Replacement Sail Limit Mark Only (\$30 each)

A damaged sail must be presented to the Class Executive Director or the Class **Measurer** for inspection and approval of a replacement Sail Limitation Mark.

Mark (Year)	Sail	Sail Type	Serial No.	Mark No.	Date Issued	Issued By
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Total Number of Marks _____ @ \$30 each + \$10.00 Shipping = **Total \$** _____

PAYMENT INFORMATION

Please make your check payable to IC37 Class Association and mail to P.O. Box 37, Southbury, CT 06488

MAIL TO:

Name _____

Mailing Address _____