

LONG BEACH / LOS ANGELES

Women's Sailing Association

<Event Title>



EVENT CHECKLIST

Title of Event			
Destination		Lat / Long:	
Location			
Date(s)		Time Depart	Time Return
Coordinator(s) Names		Phone	Email
Permit Required:	Y / N	Timeframe:	Date Submitted:
Directions Provided:	Y / N	Chart/Map Name/#	
Monitoring Channel			

BYO (List)	
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Expenses:	Cost PP	Recommended Equipment	Recommended Clothing
Food:			
Lodging:			
Insurance:			
Tickets:			
Gas:			

Boat / Skipper Information							
Boat Name	Skipper	Contact #	Marina	Gangway/ Slip #	# Crew	Smoking (Y/N)	Co-Ed (Y/ N)

Boat/ Skipper / Crew Information	Number of Boats Participating	Total Number of Participants
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NOTES: