

Sonar Return Form

Date: _____

Boat Name: _____ Bow No: _____ Sail No: _____

Complete either A or B

A. Declaration of no defects found or no damage caused

There were no defects or damage to this boat today.

Signed by Skipper: _____ Name in BLOCK LETTERS: _____

Club: _____

Form received by: _____ Date: _____

B. Defect/Damage Report: Give description

Draw any sketch overleaf

Mainsail:

Spinnaker:

Jib:

Hull:

Mast and spars:

Fittings:

Other:

Signed by Skipper: _____ Name in BLOCK LETTERS: _____

Club: _____

Form received by: _____ Date: _____

Please post this form in the wall-mounted holder in the sail room or, if not accessible, through the letter box adjacent to the club office in the alleyway.

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Office use only. Action required comments and estimated cost of repair: