

Date: _____



SPENCER CHRISTOPHER
YACHT MANAGEMENT
Dedication to Vessel Perfection

Client Information and Services

Primary Contact Name and Spouse's Name:

Email: _____ Phone: _____

Vessel Name, Make, Model, Year:

Insurance Company and Policy #:

Vessel Location:

Emergency Contact:

Boarding Instructions, Key Location and Other Notes:

Please check all requested services below:

Dive Schedule <input type="checkbox"/>	Maintenance Wash <input type="checkbox"/>	Dockage <input type="checkbox"/>	Turn-Over Wash <input type="checkbox"/>	Wax or Ceramic Coating <input type="checkbox"/>
Mechanical Service/ Repairs <input type="checkbox"/>	Systems Check <input type="checkbox"/>	Full Management <input type="checkbox"/>	Electrical Work <input type="checkbox"/>	Cosmetic Repairs <input type="checkbox"/>

SCYM Notes: