

Evening Sail Income Report

Keelboat _____ Day Sailor _____

Skipper: _____ Date: _____

Who was on the sail?

_____	_____
_____	_____
_____	_____

Total amount collected: _____

Please bring all collected funds to the next meeting or mail them (preferably no cash) to:

SEAS Monmouth
P.O. Box 891
Matawan N.J., 07747

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