

McLAUGHLIN BOAT ORDER FORM

Fax: 423-875-4011

DATE: _____
NAME: _____ **SHIP TO:** _____
ADDRESS: _____

CITY _____ **ST** _____ **ZIP** _____ **CITY** _____ **ST** _____ **ZIP** _____
PHONES: AREA CODE _____ **SHIP TO PHONE** _____
WK. _____ **HM.** _____ **YACHT CLUB NAME** _____
CELL. _____ **FAX.** _____ **E MAIL.** _____
SKIPPERS NAME _____ **BIRTH DATE** _____, **WEIGHT** _____
QUANTITY _____ **ONSITE DATE** _____ **WOULD YOU LIKE OUR NEWSLETTER** _____

PACKAGE DESIRED

CLUB RACER: _____
INTERMEDIATE RACER: _____
ADVANCED RACER: _____
OPTISAILORS PRO RACER: _____
HULL ONLY: _____
CHARTERED HULL: _____

DECK COLOR: WHITE _____, **RED** _____, **BLUE** _____, **ORANGE** _____, **METAL FLAKE** _____
HULL: CLEAR TRANSOM _____, **METAL FLAKE** _____, **OTHER COLOR:** _____

CHANGES FROM STANDARD PACKAGE: _____

SAIL SPEC'S _____
SPAR SPEC'S _____
BLADE SPEC'S _____

OTHER EQUIPMENT

DOLLY _____
BLADE BAG _____
TOP COVER _____
BOTTOM COVER _____
SPAR COVER _____
PRADDLE _____
MAST LOCK _____
EXTRA BAILERS _____
WHISTLE _____
BOOTS _____
GLOVES _____
RACING WATCH _____
COMPASS _____
OTHER _____