American Sail Training Association TALL SHIPS CHALLENGE® Race Series
CREW LIST

Vessel Name:
Name of Vessel

Nationality:
Nationality of Vessel

Race from:

To:

Total Permament Crew (P):
Total Trainees (T):

Date of Race Start:
MM/DD/YY

I CERTIFY that the following is a complete list of **ALL PERSONS** on board this vessel taking part in the race

Signature:

(Captain/Master)

No	Family & Given Name	M/F	P/T	Nationality	Date of Birth MM/DD/YY	Place of birth	Age	Passport No.	Address & Tel No. in case of Emergency
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